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ST. CLOUD HOSPITAL

ANNUAL REPORT

JULY 1, 1975 - JUNE 30, 1976

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ANNUAL REPORT FOR 1976

SAINT CLOUD HOSPITAL

1406 Sixth Avenue North
St. Cloud, Minnesota 56301

A General Hospital

Sponsored by the Sisters of St. Benedict
St. Joseph, Minnesota

and

The Diocese of St. Cloud

Independently Incorporated in 1962 as a Non-Profit Institution

Licensed by the State of Minnesota

Fully accredited by the Joint Commission on Accreditation of Hospitals

Nationally approved for training nurses, medical technologists,
radiologic technologists and nurse anesthetists

Member of the American Hospital Association
American Dental Association
Catholic Hospital Association
Minnesota Hospital Association
Minnesota Conference of Catholic Health Facilities
Minnesota Hospital Service Association
Minnesota Association for Private Vocational Schools
Central Minnesota Health Planning Council
Central Minnesota Area Health Education Consortium
St. Cloud Chamber of Commerce
North American Association of Alcoholism Programs
International Association of Rehabilitation Facilities



AFFILIATED WITH

The College of St. Benedict programs in baccalaureate nursing, medical technology, personnel work, mental health associates, social work, and for interim students

St. John's University program for Divinity students, alcohol and chemical addiction, and for interim students

St. Cloud State University programs in communications media, medical technology, alcohol and chemical addiction, physician assistant, social service and rehabilitation, systems design, and personnel

St. Cloud Area Vocational Technical Institute programs for licensed practical nurses and emergency medical technicians

University of North Dakota, North Dakota State School of Science and Tufts University for internships in occupational therapy

St. Scholastica College for internship in physical therapy

St. Louis University for administrative residency

University of Minnesota for internships in occupational therapy, pharmacy extern program and for Phase D medical students

Alexandria Area Vocational-Technical Institute for training dietetic assistants

Central Minnesota Area Health Education Consortium for dietetic traineeships

Bethel Theological Seminary program in Pastoral care

INTRAHOSPITAL REPORT FOR 1975 - 1976



- . . Published by the
Medical Record Department
- . . Cover design by Mark Thompson
- . . Lettering by Linda Surowski
- . . Typing by Karen Shinn
- . . Printing by Don Martins

"As the clay is in the
potter's hands, so are
you in my hand."

Jeremiah 18:7

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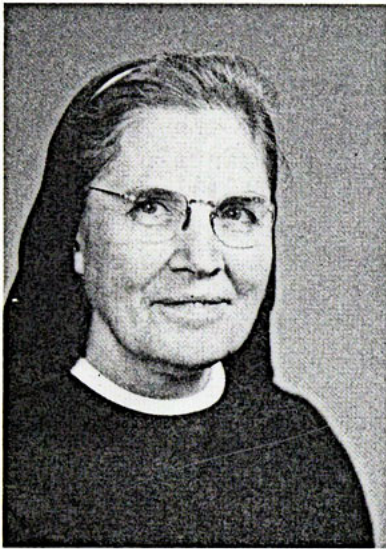


90 YEARS OF CARING

The development of the St. Cloud Hospital dates back to 1886 when the first hospital built and operated by the Sisters of the Order of St. Benedict was dedicated. At full capacity it held fifteen patients. In 1890, the Sisters constructed St. Raphael's Hospital. That building today is part of St. Joseph's Home. In 1900, the Sisters returned to the site of their first hospital and built what is now St. Raphael's Home. Because of the need for more beds and added facilities, the St. Cloud Hospital was erected in 1928 with a capacity of 300 beds and 45 bassinets. To meet the health care needs of a growing community, a comprehensive expansion-renovation program was developed in 1964. With its completion in 1974, the hospital was licensed for 524 beds and became a medical center offering every major specialty.

Currently the hospital is building a new 220-bed nursing care facility to replace the beds lost to the area by the closing of St. Raphael's and St. Joseph's Home. St. Benedict's Center will be located on a site adjacent to the present St. Joseph's Home. Construction will begin in September, 1976, with completion scheduled for March, 1978.

CHALLENGE, OPPORTUNITY, STRUGGLE, ACHIEVEMENT . . .
. . .find them all in 90 years of health care



Sister Henrita Osendorf

PRESIDENT BOARD OF TRUSTEES

In this bicentennial year of our country's history, St. Cloud Hospital completed its 90th year of providing health care to the people of this area. The Benedictine Sisters in 1886 listened to God's call to provide a means for His healing mission to the people of St. Cloud; they responded by building a hospital in the city. The nine decades since then are a story of challenges and opportunities, of struggles and achievements in the cause of making Christ's love visible through ministering to the health care needs of His people. It is a story of strongly motivated Christian people united in responding to God's call as they perceive it in the changing needs and trends of the times.

TRUSTEES IN 1975 - 1976

Sister Henrita Osendorf
Mr. Gene Bakke
Dr. Paul Moran
Father Robert Harren
Mr. Cy Kuefler
Sister Giovanni Bieniek
Dr. Everett Schmitz
Sister Herena Mueller
Mr. Jerry Weyrens
Sister Miriam Ardolf
Sister Rita Budig
Mr. Edward Stockinger
Dr. Robert Wick

In keeping with this spirit the Board of Trustees has tried to be sensitive to the implications for the future of St. Cloud Hospital that are contained in today's challenges. In the here and now that is marked by numerous exacting demands of providers of health care, the Board must carry out its responsibility of maintaining high standards of care and services. The experience of operating under the joint sponsorship of the Sisters of St. Benedict and the Diocese of St. Cloud during the past year gave the Board increased confidence in carrying out its responsibility. In the face of the difficulties confronting the Catholic health care apostolate, the Board considers itself fortunate to have this strong, supportive structure of co-sponsorship as its operational base. The Board's over-riding concern at the beginning of the final decade of its first century is that St. Cloud Hospital continue to give corporate witness to the fundamental human values of the sanctity of life and the dignity and moral equality of all persons.

The delivery of health care today is characterized by highly technical procedures, computerized programs and a network of regulations and controls. In such a setting, even though treatment is of high quality, there is a very real possibility that the atmosphere of personalized care and concern for the patient will be lacking. If St. Cloud Hospital is to continue to be an extension of Christ's mission of mercy to all people who come

there, it is essential that it provide and foster a climate of person-oriented concern. It must be truly a community of love, a mutually caring and cared-for group of people, each one respecting and acknowledging the contribution of every other member. This presupposes a basic interdependence among all persons involved.

One of the hospital objectives for 1975-76 approved by the Board speaks to some of the aspects of interdependence, e.g., "to maintain emphasis on team work, support, communication and working relationships among management, physicians, employees, students and volunteers." The call to interdependence challenges us at this time in our history to explore further ways of forming a closer Christian community of all connected with St. Cloud Hospital--those ministering to the patients directly or remotely, as well as the patients themselves. All are partners, members of a single body: "the whole body grows and with the proper functioning of each supporting ligament builds itself up in love." (Ephesians 4:16)

One segment of God's people which is being drawn more closely into the hospital community is the elderly. The construction of St. Benedict's Center, a 220-bed nursing care facility, as a subsidiary of the hospital was approved by the Board of Trustees this year. This facility will constitute the first phase of a comprehensive living center planned for the elderly. By taking this action the Board provided for the continuation by the Sisters of St. Benedict of the health care apostolate to the elderly in the St. Cloud area and for St. Cloud Hospital to provide a comprehensive health care program for this area. This decision, made 90 years after the Sisters opened their health care mission, can rightly be looked upon as a tribute to the faith and love of these pioneers. It is evidence, moreover, of the Board's desire to rededicate itself to the Christian values of the original commitment.

To the members of the Board I express deep appreciation and gratitude. All have shared generously of themselves, their talents and their expertise. They have made substantial commitments of time in carrying out their trust. In the course of my work with them over the year I have often been impressed by their unselfish dedication to the Church's health care mission entrusted to St. Cloud Hospital. A word of special commendation is due to Dr. Everett Schmitz of our Medical Staff and Mr. Jerry Weyrens, both of whom have come to the end of their second term on the Board. On behalf of the Board I express sincere thanks for their constant interest and many hours of service for the hospital. They will be missed.

I cannot end this message without expressing appreciation to Mr. Gene Bakke, the Chief Executive Officer, for his capable leadership and the unquestionably convinced Catholic witness he brings to his position. A word of recognition is due also to the members of his staff for the high quality of their performance. The Board has to rely considerably on administration in its work of policy making and it is truly appreciative of the excellent service that is constantly provided.

May this spirit of interdependence continue to flourish at St. Cloud Hospital!

Sister Henrita Osendorf O.S.B.

Sister Henrita Osendorf, O.S.B.
President of the Board of Trustees

Our work is more than a human effort . . .

EXECUTIVE VICE PRESIDENT



As an institution dedicated to serve people in need of health care, the St. Cloud Hospital and those of us who are associated with it assume a serious obligation. We say in effect that we stand ready--twenty-four hours a day, three hundred and sixty-five days of the year--to meet the health care needs of the people of the area within our capability to do so.

It is against this commitment that we can measure our performance during the past year. And in reviewing the statistics and recalling the major activities of the period July 1, 1975, to June 30, 1976, it is clear that we have experienced another year of notable success.

For example, the number of patients served has again increased. But beyond the statistical totals lies the fact that, because of the added physician specialists as members of the Medical Staff and the consequent increase in referrals to staff physicians from throughout the central Minnesota area, hospitalized patients tended to be more acutely ill or afflicted with more severe injury requiring more intense and sophisticated treatment than in the past. This was particularly evident in the nursing care areas where staffing patterns needed to be enriched to meet the more critical needs of patients.

How well we care for the patient as a whole person is, of course, the ultimate test of our success as a health care organization. To effectively integrate and coordinate the efforts of the hundreds of people who are involved in providing that care, and to assure that the proper facilities, equipment and supplies are available at the right place at the right time is no small task. It requires a common dedication to the service of our fellow man, cooperative spirit and appropriate skills on the part of all who are involved, resulting in a team approach that recognizes the critical importance of each contributor to the total effort.

During the past year several significant factors contributed toward improvement in patient care--the result of positive and commendable responses from various components of the hospital's health care team:

- * Joint sponsorship of the hospital by the Sisters of the Order of St. Benedict and the Diocese of St. Cloud, fully effective this past year, re-emphasized our Christian commitment as an instrument of the Catholic Church in the field of health care. Through this association and identification we are reminded that our work is more than a human effort. It transcends into the spiritual realm, causing us to look upon the patient as a person made up of body, mind and spirit.

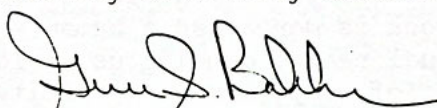
- * The annual Board of Trustees' Retreat in January, with its focus on the challenges of the next decade, may have caused some momentary awe and dismay as we contemplated the difficulties ahead, particularly the escalating and suffocating imposition of government rules and regulations into the hospital decision-making process. But recognition of the bureaucratic dehumanization of the patient that invariably accompanies these encroachments simply reinforces the critical need for the application of Christian principles and concepts in the care of the sick and injured. In that sense the Board of Trustees' retreat made a valuable contribution to patient care here at the St. Cloud Hospital.
- * Throughout the year audit of patient care progressed significantly in the form of numerous medical and nursing care audit studies, the results of which were regularly reported to the Board of Trustees. And while the studies typically documented that care of patients met the criteria established, there were areas where improvement was indicated and specific steps were taken to upgrade performance.
- * A process for credentialing health professionals employed by physicians and dentists who render care in the hospital setting was developed by the Medical Staff and approved by the Board of Trustees, assuring that only properly qualified people participate in the care of hospital patients.

And while quality of patient care is of uppermost concern, the cost to provide it is also a significant factor. Many, many efforts are being made to contain the rising costs of providing patient care--and those efforts are producing some positive results. Proof of this is the fact that our cost comparisons with hospitals of similar size and scope of services have shown a widening gap between our average per-day charge and that of other hospitals. For example, in January, 1972 (as far back as our comparative records go) the average per day charge of hospitals in our category was \$4.12 a day higher than here at St. Cloud Hospital. The June, 1976, figures, our most recent report, show the average charge in those hospitals to be \$31.74 per day higher than at St. Cloud Hospital. And while this is admittedly a gross measurement, it is a widely used and published comparison indicator of the cost of hospital care to patients.

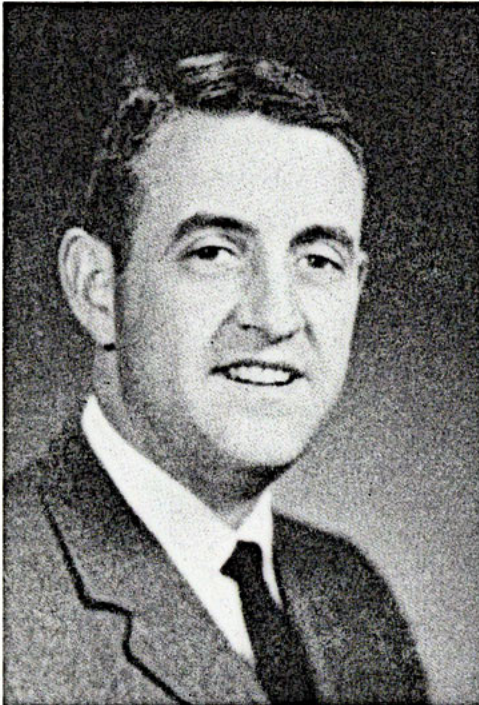
In a brief message such as this, it is not possible to mention all of the significant decisions and actions that were taken during the past year to assure patients of high quality care at the lowest possible cost. However, a thorough review of the excellent clinical and administrative department reports that follow describe many of them.

Neither is it possible to pay tribute to all who gave so unsparingly of their time and effort to the care of patients during the past year. Suffice it to say that the entire hospital family--the sponsors, the board of trustees, the administrative and medical staffs, all personnel and volunteers, each performed their roles in an exemplary manner. It is this combined effort, each component recognizing the essential importance of the other, that produces the kind of result that is worthy of our identity as a truly Catholic hospital. I am very grateful to be a part of it.




 Gene S. Bakke
 Executive Vice President

CHIEF OF THE MEDICAL STAFF



Activities of the Medical Staff for the 1975-76 year have been intense and varied. In addition to on-going activities within the Staff itself, this year was marked by increased interaction between the Medical Staff, Administration and the Board of Trustees regarding Medical Staff matters. The JCAH survey of the hospital in August, 1975, prompted an increase in those activities of the staff related to documentation of the quality of medical care within the institution. This cooperative interaction was necessary to comply with the recommendations made during the survey.

This year also saw maturation in the development of the audit process of the medical staff. This important part of the Quality Assurance Program of the hospital has been functioning since the beginning of the previous year and expanded this past year to involve every clinical department of the Medical Staff. Refinements also occurred in the

educational and self-regulatory processes that are integral to a successful audit process.

A significant development external to the hospital that will affect audit activity in the future was the designation of the Metropolitan Health Care Foundation as the P.S.R.O. for our geographic area. This will allow a local hospital such as our own to carry on audit activities according to local standards and criteria.

Continuing Medical Education activities were varied. The quality of the Friday Forums remained high as evidenced by the continuing favorable comments and, most important, repeated high attendance. Negotiations continued during the year to achieve eventual accreditation of our educational programs within the hospital for Category I credit by the Minnesota State Medical Association and the American Medical Association. This will be of great help to our staff physicians and other area physicians in obtaining their educational credits, which will be a requirement for relicensure in the future. A cooperative arrangement has been developed with the Veterans Administration Hospital of St. Cloud that enables the members of each institution to share in the educational resources available to each. NCME tapes have been purchased regularly to establish a library of audio-visual tapes to aid physician members of the staff in maintaining educational efforts on varied and current topics.

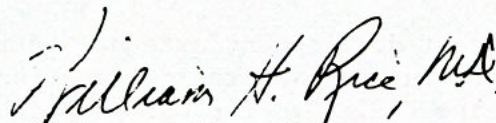
The year also saw acceptance by the Board of Trustees of bylaws developed by the Medical Staff defining the role and function within the hospital of allied health professionals as they are currently being utilized by physicians in this community.

It is my pleasure to welcome the following physicians who were accepted as members of the medical staff from July 1, 1975, through June 30, 1976: Dr. J. E. Heeter, Dr. P. B. Kavaney, Dr. H. H. Engman and D. T. L. Wyne.

Special tribute should be given at this time to two physicians on our staff who retired from the active practice of medicine during this year: Dr. John B. Beuning who has been a member of this staff since 1929, and Dr. Gilman H. Goehrs who has been on the staff since 1939. I am not able to express adequately the good will that is felt for these doctors by their colleagues. Their daily presence will be missed, but we are pleased to see that they will retain their interests in the activities of the Medical Staff. Our best wishes go with them for success in their future endeavors.

I would like to convey my thanks to the members of the Administration and Board of Trustees for their cooperation during the months that it has been my pleasure to serve in this position.

In conclusion, I would like to state that I am extremely proud to be a member of the Medical Staff of this hospital. The commitments placed upon the staff the past year were considerable and necessitated increased demands upon the time of many physicians. I received willing cooperation from every member of the Medical Staff during this time, and I have been impressed by the importance these physicians place upon assuring the continuance of the high standards of competent and ethical medical care that are existent in this institution. I personally thank the members of the staff for their positive attitude which greatly aided me in the discharge of my responsibilities during this time.



William H. Rice, M.D.
Chief of the Medical Staff

MEDICAL STAFF

June 30, 1976



HONORARY MEDICAL STAFF

Dr. H. B. Clark Dr. C. S. Donaldson Dr. P. L. Halenbeck Dr. J. B. Gaida
Dr. G. H. Goehrs

ACTIVE MEDICAL STAFF

Dr. C. W. Alden	Dr. D. R. Gilchrist	Dr. J. P. O'Keefe
Dr. W. A. Autrey	Dr. M. J. Gregg	Dr. J. N. Olinger
Dr. J. J. Ballantine	Dr. J. T. Harbaugh	Dr. R. T. Petersen
Dr. B. R. Bancroft	Dr. D. C. Heckman	Dr. R. F. Rafferty
Dr. J. C. Bauman	Dr. W. J. Held	Dr. W. H. Rice
Dr. J. C. Belshe	Dr. J. J. Hansen	Dr. D. A. Ritchie
Dr. P. R. Berger	Dr. D. L. Hanson	Dr. R. A. Rovelstad
Dr. M. S. Bozanich	Dr. H. T. Hobday	Dr. A. T. Rozycki
Dr. H. J. Brattensborg	Dr. J. A. Iverson	Dr. R. A. Schlorf
Dr. J. F. Brix	Dr. D. E. Jaeger	Dr. R. J. Scheuerell
Dr. H. M. Broker	Dr. B. L. John	Dr. E. J. Schmitz
Dr. F. T. Brown	Dr. G. L. Jurgens	Dr. R. A. Slanga
Dr. R. W. Burmaster	Dr. J. F. Kelly	Dr. J. W. Smith
Dr. R. J. Cesnik	Dr. J. H. Kelly	Dr. S. D. Sommers
Dr. T. L. Cress	Dr. R. P. Koenig	Dr. C. D. Stiles
Dr. R. J. Cumming	Dr. S. H. Koop	Dr. M. A. Stiles
Dr. L. V. Dahlquist	Dr. G. K. Kvistberg	Dr. R. L. Thienes
Dr. J. F. DeVinck	Dr. E. M. LaFond	Dr. C. B. Thuringer
Dr. E. H. Dziubinski	Dr. W. L. Lindquist	Dr. D. M. VanNostrand
Dr. C. P. Ehlen	Dr. L. A. Loes	Dr. J. W. Wahl
Dr. L. M. Espeland	Dr. T. H. Luby	Dr. P. L. Warner
Dr. A. D. Espelien	Dr. J. R. Lyons	Dr. W. T. Wenner
Dr. P. S. Etzell	Dr. P. T. Moran	Dr. K. R. Williamson
Dr. L. M. Evans	Dr. T. G. Murn	Dr. H. E. Windschitl
Dr. J. M. Gacusana	Dr. R. A. Murray	Dr. L. H. Wittrock
Dr. M. C. Flanagan	Dr. V. E. Neils	Dr. J. H. Zeleny

ASSOCIATE MEDICAL STAFF

Dr. H. H. Engman	Dr. J. E. Heeter	Dr. P. B. Kavaney
	Dr. T. L. Wyne	

COURTESY MEDICAL STAFF

Dr. J. R. Allen	Dr. R. F. Galbraith	Dr. G. T. Sawyer
Dr. J. I. Ausman	Dr. C. W. Hall	Dr. L. J. Schut
Dr. R. E. Backus	Dr. C. E. Henke	Dr. A. H. Schutt
Dr. C. C. Baker	Dr. B. J. Hughes	Dr. E. L. Seljeskog
Dr. F. H. Baumgartner	Dr. M. C. Hurr	Dr. P. M. Silverstein
Dr. L. H. Bendix	Dr. R. A. Jensen	Dr. H. E. Sisk
Dr. J. B. Beuning	Dr. J. C. Kovacs	Dr. L. H. Stahn
Dr. C. F. Brigham	Dr. L. B. Kuhlman	Dr. R. C. Stoltz
Dr. I. L. Brodsky	Dr. G. M. Martin	Dr. H. H. Stonnington
Dr. D. S. Childs	Dr. R. E. Maxwell	Dr. R. M. Sweet
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Dr. S. N. C. Chou	Dr. R. Mueller	Dr. L. A. Town
Dr. T. H. Davis	Dr. O. C. Phares	Dr. R. F. Ulvestad
Dr. L. L. Dehnel	Dr. T. R. Pladson	Dr. A. H. Zachman
Dr. E. E. Emerson	Dr. S. J. Raetz	Dr. L. T. Wood
Dr. D. E. Erickson	Dr. R. J. Salk	Dr. R. V. Zarling
Dr. L. A. French	Dr. R. R. Sawtell	Dr. J. T. Young

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Dr. K. L. Catton	Dr. J. H. Kropp	Dr. A. Simi
Dr. T. H. Como	Dr. R. J. Lorbiecki	Dr. D. R. Stromsborg
Dr. T. H. Dedolph	Dr. D. J. Mackinac	Dr. Roland Stromsborg
	Dr. J. A. Muenzhuber	

ASSOCIATE DENTAL STAFF

Dr. John M. Collier

COURTESY DENTAL STAFF

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Dr. G. W. Cook	Dr. N. D. Pappenfus
Dr. R. P. Cook	Dr. J. B. Pike
Dr. D. L. Halstrom	Dr. J. M. Pike
Dr. R. M. Halstrom	Dr. J. J. Popp
Dr. L. Hanson	Dr. R. J. Provinzino
Dr. R. B. Hoghaug	Dr. T. G. Reichert
Dr. V. A. Licari	Dr. J. P. Schad
Dr. P. H. Moos	Dr. R. G. Schaefer
Dr. M. F. Mueller	Dr. W. J. Streed
Dr. N. B. Nelson	Dr. J. V. Urick
	Dr. N. L. Wolseth



COMMITTEES OF THE MEDICAL STAFF

1975 - 1976

EXECUTIVE COMMITTEE

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Dr. S. H. Koop	Dr. R. J. Cumming
Dr. H. E. Windschitl	Dr. P. S. Etzell
Dr. S. D. Sommers	Dr. H. T. Hobday
Dr. J. F. DeVinck	Dr. J. A. Iverson
Dr. C. W. Alden	Dr. T. H. Dedolph
Dr. H. M. Broker	Dr. J. W. Smith
Dr. C. P. Ehlen	Dr. P. R. Berger
Dr. J. R. Lyons	Dr. P. L. Warner
Dr. M. S. Bozanich	

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Dr. C. W. Alden	Dr. J. W. Smith
Dr. J. N. Olinger	Dr. C. D. Stiles

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Dr. S. D. Sommers	Dr. R. J. Cumming

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Dr. J. R. Lyons	Dr. L. H. Wittrock

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Dr. R. W. Burmaster	Dr. R. A. Slanga
Dr. B. L. John	

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Dr. J. F. Brix	Dr. H. E. Windschitl
Dr. T. G. Murn	

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Dr. M. S. Bozanich	Dr. L. M. Espeland
Dr. R. W. Burmaster	Dr. J. W. Wahl

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Dr. C. W. Alden	Dr. J. W. Smith
Dr. H. T. Hobday	Dr. C. P. Ehlen
Dr. J. A. Iverson	

BYLAWS COMMITTEE

*Dr. J. J. Ballantine	Dr. T. H. Dedolph
Dr. W. A. Autrey	Dr. J. W. Smith
Dr. James Kelly	Dr. W. T. Wenner

EMERGENCY MEDICAL CARE COORDINATING COMMITTEE

*Dr. H. M. Broker	Dr. T. G. Murn
Dr. T. L. Cress	Dr. D. C. Pull
Dr. L. V. Dahlquist	

RESPIRATORY CARE COMMITTEE

*Dr. J. C. Belshe	Dr. W. L. Lindquist
Dr. R. L. Beck	Dr. R. A. Rovelstad
Dr. B. L. John	Dr. K. R. Williamson

ALCOHOL AND CHEMICAL DEPENDENCY UNIT COMMITTEE

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Dr. P. S. Etzell	Dr. R. F. Rafferty

EMERGENCY OUT-PATIENT COMMITTEE

*Dr. D. M. VanNostrand	Dr. D. E. Jaeger
Dr. T. L. Cress	Dr. G. L. Jurgens
Dr. L. V. Dahlquist	Dr. T. G. Murn

SAFETY COMMITTEE

Dr. T. L. Wyne

RADIOISOTOPE COMMITTEE

*Dr. W. H. Held	Dr. H. E. Windschitl
Dr. J. J. Ballantine	Dr. P. R. Berger
Dr. R. A. Murray	

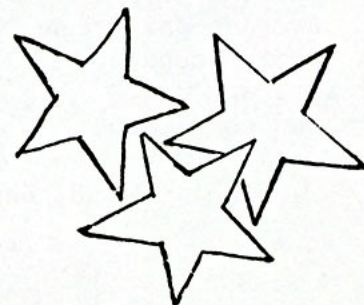
ORGAN DONATION COMMITTEE

*Dr. J. F. DeVinck	Dr. J. F. Brix
Dr. H. T. Hobday	

CODE BLUE COMMITTEE

*Dr. R. W. Burmaster	Dr. J. M. Gacusana
Dr. C. W. Alden	Dr. D. M. VanNostrand

*Chairman





OCCUPANCY

1975 - 1976

General Hospital

Patients at midnight on June 30, 1975.....	394
Inpatient admissions, July 1, 1975 to June 30, 1976.....	17,114
Newborn.....	1,769
Total number of inpatients given care in fiscal 1976.....	19,277

Deaths.....	324
Inpatients discharged.....	18,588
Patients at midnight June 30, 1976.....	365

Daily average number of inpatients discharged and deaths..... 52

Daily average number of Emergency-Outpatient Department patients,
emergency and scheduled (23,161)..... 63

Daily average number of outpatient registrations (23,831)..... 65

<u>Adults and Children</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
Patient days	125,619	129,024	129,173
Average daily census	344	353	353
% of occupancy	80%	82%	81.5%
Average stay	7.4 days	7.6 days	7.5 days
Bed complement	430	430	430 7/1/75 - 12/31/75 436 1/1/76 - 6/30/76

<u>Newborn</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
Patient days	6,149	6,192	6,727
Average daily census	17	17	18
% of occupancy	43%	43%	46%
Average stay	3.8 days	3.7 days	3.7 days
Bassinet complement	40	40	40

<u>Outpatients</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
Emergency visits	12,074	13,066	18,380
Outpatient registrations		22,514	23,831
			42,211

<u>Skilled Nursing Facility</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
Admissions	241	211	265
Patient days	4,029	4,094	4,998
Average daily census	11	11	14
% of occupancy	44%	44%	56%
Average stay	16 days	20 days	19 days
Bed complement	25	25	25

Highest combined census: 482 on February 17, 1976

Speaking statistically

	1975	1976
Inpatient admissions, "acute" hospital . .	16,927	17,115
Admissions, Skilled Nursing Facility . . .	211	265
Births	1,683	1,769
Patient days, "acute" hospital	129,024	129,174
Patient days in Skilled Nursing Facility .	4,094	4,998
New born Nursery days.	6,192	6,727
Emergency Room patients (all).	23,156	23,161
Outpatients as reported by Data Processing*	42,298	43,233
*Excludes routine employee lab tests and x-rays		
Physicians on Medical Staff (all).	138	137
Dentists on Medical Staff (all).	41	40
Employees, full and part-time.	1,384	1,395
Total hours paid	2,067,645	2,072,339
Wages and salaries paid.	\$8,991,624	\$10,412,287
Blood transfusions (bottles)	2,829	2,799
Blood bank procedures.	16,186	17,809
Clinical laboratory tests.	273,538	316,855
Tissue examinations.	19,851	19,623
Total autopsies.	89	101
Laboratory tests for other hospitals . . .	872	671
Electroencephalograms.	915	1,040
Electrocardiograms	8,782	10,026
X-ray examinations	46,809	49,374
Radiation and radioisotope therapy	3,842	3,845
Radioisotope scans and other tests	1,467	1,971
Surgical procedures in OR.	7,113	7,254
Anesthetics in OR, ER and DR	8,200	8,394
Respiratory therapy.	39,544	78,990
Physical therapy treatments.	53,246	55,677
Speech therapy, Occupational therapy, and Recreational therapy (treatment units). .	67,372	75,520
Pharmacy prescriptions	413,728	427,022
Meals served	649,635	670,798
Purchase orders issued	6,377	6,646
Value of supplies dispensed from storeroom	\$1,265,406	\$1,545,963
Pounds of linen processed.	1,783,440	1,866,660
Units cleaned on discharge of patient. . .	24,204	24,997
Average square footage of area cleaned . .	494,837	494,837
Cubic feet of gas used by boilers.	119,601,000	114,597,000
Pounds of steam used	109,564,990	107,272,205
Gallons of oil used by boilers	21,355	21,108
Gallons of water used.	51,787,526	56,109,044
Requests to maintenance for repairs. . . .	14,273	16,104
Kilowatt hours used.	7,363,200	7,694,562



DATA ON PATIENTS DISCHARGED

July 1, 1975 --- June 30, 1976

Service	Patients	Deaths			Autopsies		Consults.		Hosp. Days	Avg. Stay
		No.	%	P.O.	No.	%	No.	%		
Medicine	4849	226	4.6%	3	39	17%	1363	28%	35906	7.4 d.
Surgery	2402	30	1.2%	30+1*	7	23%	799	33%	18973	7.9 d.
Obstetrics:										
Del'd > 20 wk.	1775						53	3%	6507	3.7 d.
Del'd < 20 wk.	165						11	7%	364	2.2 d.
Not delivered	235						14	2%	528	2.2 d.
Gynecology <i>OB</i>	942	4	0.4%		1	25%	175	19%	4977	5.3 d.
Ophthalmology <i>MS</i>	459						81	18%	2087	4.5 d.
E.N.T. <i>MS</i>	925	1	0.1%				78	8%	2599	2.8 d.
Urology <i>MS</i>	1224	14	1.1%	4	2	14%	497	41%	8360	6.8 d.
Orthopedics	2007	12	0.5%	8	2	17%	723	36%	19479	9.7 d.
Dermatology <i>MS</i>	45						12	27%	287	6.4 d.
Pediatrics	788	4	0.5%		3	75%	53	7%	3729	4.7 d.
Communicable <i>MS</i>	92						9	10%	566	6.7 d.
Neurology <i>MS</i>	234	6	2.5%		4	67%	102	44%	2618	11.2 d.
Psychiatry	910						429	47%	20137	22.1 d.
Neurosurgery <i>MS</i>	83	3	3.6%	2	1	33%	52	63%	1425	17.2 d.
Total	17135	300	1.7%	47+1*	59	20%	4451	26%	128542	7.5 d.
Newborn	1777	24	1.3%		6	25%	24	1.3%	6669	3.7 d.
ALL PATIENTS	18912	324	1.7%	47+1*	65	20%	4475	24%	135211	

w/o *PSYCHIATRY* 16225

108,405 6.7

*1 postoperative death in the Skilled Nursing Facility. The postoperative death rate is 0.71%. This is the number of deaths (48) compared with all inpatients who had surgery exclusive of observation cystoscopy and procedures in the Emergency Room (6797). Postoperative period is 30 days after surgery.



Age	1975	1976
Newborn	1673	1769
0 - 2	547	536
2 - 14	1262	1274
14 - 30	4545	4442
30 - 40	1723	1741
40 - 50	1637	1603
50 - 60	2000	1940
60 - 65	1022	1136
65 - 70	987	1103
70+	3130	3360

Male patients	7877	7880
Female patients	10649	11032

Patients from		
St. Cloud	7437	7339
Other Patients	11089	11573

Catholic patients	11655	11924
Protestant patients	6405	6624
Other	466	364

SKILLED NURSING FACILITY

1975 - 1976

AGE OF PATIENTS

15 - 30	0
30 - 40	0
40 - 50	0
50 - 60	1
60 - 65	5
65 - 70	31
70+	221

DISCHARGE ANALYSIS

Service	Patients	Deaths	Autopsies	Cons.	Days Stay
		P.O.			
Medicine	149	41	4	20	3158
Surgery	41	2	1	4	743
Gynecology	3			1	44
Urology	33	5		3	418
Orthopedics	26			1	406
Ophthalmology	2			1	33
ENT	1				4
Neurology	3	2			42
Psychiatry	0				0
TOTAL	258	50	1	4	30
					4848

Consultation Rate: 11.6% Average Stay: 18.8 days

Male	123	From: St. Cloud	100	Catholic	149
Female	135	Other	158	Protestant	106
				Other	3



Patients under 65:	6	Patients over 65:	252
Total stay:	242 days	Total stay:	4606
Average stay:	40.3 d.	Average stay:	18.3 days

OCCUPANCY

Census June 30, 1975	9
Patients transferred from general hospital	251
Other admissions	14
	274

Patients discharged	208
Deaths	50
Patients in Skilled Nursing Facility June 30, 1976	16

Patient days in 1975-76	5000
Less pass.	2
Net patient days	4998

Daily average census	14
Rate of occupancy (25 beds)	56%



FINANCIAL REPORT


1975 - 1976

Patient Charges	Amount		Per cent	
	1976	1975	1976	1975
Room and care	\$9,777,702	\$8,529,379	51.39%	51.63%
Nursery and Delivery Room . .	635,092	537,792	3.34	3.26
Operating Room.	1,212,006	1,052,716	6.37	6.37
Central Service	840,417	832,927	4.42	5.04
Laboratories.	1,644,084	1,415,593	8.64	8.57
Radiology	1,388,244	1,289,238	7.30	7.80
Pharmacy.	1,356,460	1,181,221	7.13	7.15
Anesthesia and Recovery Room.	536,060	487,703	2.82	2.95
Physical Therapy.	384,213	347,740	2.02	2.10
Respiratory Therapy	425,382	263,960	2.24	1.60
Emergency-Outpatient.	422,610	354,088	2.23	2.14
Other	404,939	300,083	2.13	1.82
Total	\$19,027,209	\$16,592,440	100.03%	100.43%
Less allowances to third parties	1,146,256	1,185,334	6.03	7.17
	\$17,880,953	\$15,407,106	94.00%	93.26%
Other Income.	1,141,326	1,113,970	6.00	6.74
TOTAL INCOME	\$19,022,279	\$16,521,076	100.00%	100.00%

Operating Expenses				
Nursing Division.	6,651,052	5,738,940	34.97	34.74
Medical Support Division. . .	4,667,592	3,367,856	24.54	20.38
Rehab. and Counseling Div. . .	1,069,434	496,593	5.62	3.01
Fiscal and General Division .	2,056,785	3,120,919	10.81	18.89
Personnel and P.R. Division .	2,173,134	1,701,010	11.42	10.30
Planning and Development Div.	64,664	-----	.34	-----
Shared Services Division. . .	23,847	-----	.13	-----
Other	1,788,843	1,712,374	9.40	10.36
TOTAL OPERATING EXPENSES	\$18,495,351	\$16,137,692	97.23%	97.68%

NET INCOME FOR INVESTMENT IN NEW SERVICES & EQUIPMENT	\$ 526,928	\$ 383,384	2.77%	2.32%
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	ASSETS	
	1976	1975
Patient Accounts Receivable	\$ 3,069,869	\$ 2,753,995
Inventories	585,683	578,589
Land, Buildings & Equipment	24,497,720	23,067,845
Building Projects under Construction.	163,799	923


John Seckinger, Controller

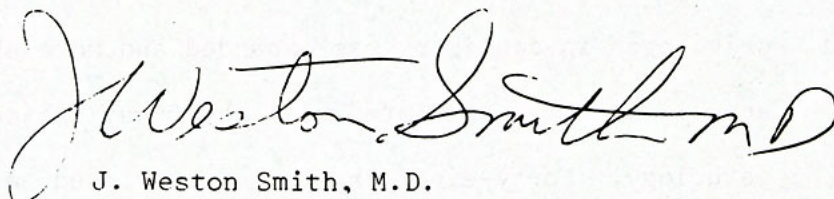
DEPARTMENT OF ANESTHESIOLOGY

1975 - 1976

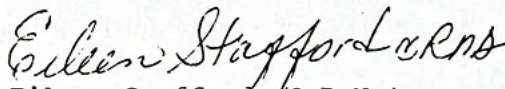
The Anesthesia Service had a full year. With the addition of new surgical procedures, plus our entry into neuro-anesthesia, we have been busy.

After the Joint Commission on Accreditation of Hospitals visit in 1975, we busied ourselves formalizing in more detail such things as our safety and isolation programs. We now feel that everything is documented in such a fashion that it will meet anything! We look forward to being accredited again this summer.

We hope to continue in the coming year to grow both in wisdom and in the art of sympathetic, skillful application of our science. Anesthesia has been traditionally thought of as a "non-communicating" medical specialty where patients are concerned. We in the St. Cloud Hospital Department of Anesthesiology constantly refute this. Our continuing goal is a safe anesthetic for an informed patient.



J. Weston Smith, M.D.
Chief, Department of Anesthesiology



Eileen Stafford, C.R.N.A.
Department Head

DEPARTMENT OF DENTISTRY

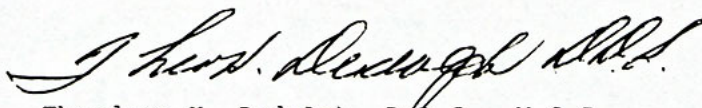
1975 - 1976

The Department of Dentistry had six departmental meetings during the year 1975-1976 and was represented by members on three standing Medical Staff committees.

The Department was responsible for four Friday Forums. Dr. Simi presented information from the State Board of Health, Dr. Collier presented two Forums, one on the cariogenicity of Foodstuffs and one on Preventive Dentistry for Children. Dr. Elliott presented a Forum on Periodontal Disease.

In compliance with the Joint Council on Hospital Accreditation's directive to the Department, the biannual application for clinical privileges in dentistry was expanded and more sharply delineated. An annual audit was initiated, with the first subject being dentoalveolar pathology. Forty-eight charts were reviewed and the Department felt that the audit was very helpful in showing that the quality of dental care in the hospital is more than satisfactory.

There was approval of nine applications for medical (dental) staff affiliates. Drs. Dedolph and Kropp were elected Chief and Vice Chief of the Department for 1976-1977.



Theodore H. Dedolph, D.D.S., M.S.D.
Chief, Department of Dentistry

EMERGENCY - OUTPATIENT DEPARTMENT

1975 - 1976

The Emergency-Outpatient Department is the portal of entry into the health care system for many people. The working relationship between the nursing personnel and the Medical Staff must aim for adequate care for all. In order to provide proper care to people of all ages, in all socioeconomic groups with all kinds of real or perceived illnesses or injuries which may require prompt assessment, evaluation and intervention, there must be a strong alliance between the Emergency-Outpatient Department personnel and the Medical Staff.

The Emergency-Outpatient Committee of the Medical Staff has been meeting monthly and has been active in providing proper direction for medical care given and in auditing the records of all patients who expire within 24 hours of admission through the Emergency Room. Through cooperative efforts the following items were accomplished:

- Guidelines for Handling Victims of Sexual Assault
- Purchase of a new fiberoptic gastroscope
- Procedure for photography in the Emergency Room
- Guidelines for reporting maltreatment of minors



- Child Abuse seminar
- Emergency Medical Technician clinical experience
- Placing of an x-ray viewbox in the C.M.M.S. office
- Guidelines concerning emergency admission of suicidal patients when no bed is available on the Mental Health Unit

- Procedure for transfer of patients to other hospitals
- Letters of agreement with other hospitals for transfer patients
- Procedure for proper disposition of radioactive contaminated patients
- Active participation in Emergency Medical Services Week

- Review of standing orders by appropriate departments
- Guidelines for observation of patients in E-OP
- Procedure for reporting venereal disease diagnosed in the E-OP
- Guidelines for infections control
- Listing of procedures that are not ordinarily done in E-OP

Emergency outpatient records were audited for completeness. The audit showed deficiency in formal statement of diagnosis, condition on discharge and final disposition. Letters were sent to the physicians advising them of these deficiencies and a repeat audit was scheduled for summer, 1976.

During the past year the organizational structure of the department was strengthened by giving department head status to the supervisor.

Also during the past year an effort was made to document those few instances when medical care was not readily available when a patient required

care. The Central Minnesota Medical Service, which provides physician coverage in the Emergency-Outpatient Department, quickly responded and expanded their coverage so that at the present time there is a physician on duty from 6 p.m. to 6 a.m. daily with the exception of Monday from 12 a.m. to 6 a.m. On weekends, Saturday and Sunday, physician coverage begins at 12 noon.

The number of unscheduled patient visits in the department was almost the same as in the previous year, but the patients required more care. Every patient is placed in a category based on need. Category 0 is most often referred to a physician's office. Category I are minor items such as injections per physician's orders. Category II are injuries and illnesses that require evaluation and treatment. Category III are major trauma and cardiac arrests.

Category 0 was not used in fiscal 1975. In 1976 there were 1523 patients in Category 0. Since patients categorized 0 in 1976 were included with I in 1975, the number for 1975 was 3433 compared with 1674 in 1976. Category II was indicated for 13,253 patients in 1975 and for 14,986 in 1976. Category III contained 180 patients in 1975 and 197 in 1976. In 1976, 793 patients had IV. therapy initiated; 711 casts were applied and 2,065 lacerations repaired; 288 patients were placed on cardiac monitor compared with 141 in 1975.

STATISTICS

	<u>1974 - 1975</u>	<u>1975 - 1976</u>
Unscheduled patients	18710	18380
Admitted.	3923 (21%)	3768 (21%)
Released.	14787 (79%)	14612 (79%)
Patients seen by CMMS physicians	6311	7413
Call list used	633	646
Scheduled patients	4446	4781
Neurology, neurosurgery consults and EMG's. . . .	1686 (38%)	1452 (30%)
Proctoscopy	1865 (42%)	1877 (39%)
Other endoscopy	243 (5%)	241 (5%)
Miscellaneous	652 (15%)	1211 (25%)
Day with most unscheduled patients	July 6, 1974 90 patients	June 13, 1976 97 patients

David M. Van Nostrand, M.D.

David M. Van Nostrand, M.D.
Chairman, Emergency-Outpatient Committee

Betty Turck RN

Betty Turck, R.N.
Emergency-Outpatient Supervisor

DEPARTMENT OF MEDICINE

1975 - 1976

The Department of Medicine has again had a banner year in 1975-76. We have functioned through our monthly business meetings as well as through scientific sessions which are held once a week. These scientific sessions are presented by each member of the Department of Internal Medicine in rotation and are of a scientific nature. They have been excellent, lasting 45 to 60 minutes, and have been extremely helpful for review of medical topics and for the betterment of patient care. During the year, also, we determined the criteria and began to audit pneumonia and hypertension. There was monthly review of deaths. The Department of Medicine has actively participated in the weekly Friday Forum on a rotational basis. Our outside speakers on hypertension, radioisotopes and allergy were particularly meaningful to the hospital staff.

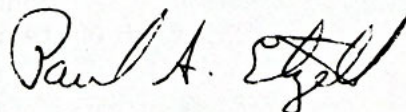
During the past year the internal Medicine Department has grown substantially, welcoming Drs. Mary Stiles, Hans Engman, Richard Beck and David Hanson. Their presence and enthusiasm have strengthened the Department of Medicine considerably.

Some new equipment for the betterment of patient care as well as increased diagnosis was reviewed, recommended and acquired. With the help of the hospital Auxiliary we were able to expand the electrocardiogram telemetry beds from four to eight. This has given us expanded potential to monitor myocardial infarction patients after they leave the CCU Unit or to monitor non-myocardial infarction patients for various arrhythmias. The usage has been great and has added to patient care.

We also spent considerable time through the Respiratory Care Committee reviewing pulmonary function laboratory equipment and criteria. In conjunction with Dr. Belshe a pulmonary function laboratory has now been established and is functioning. New equipment in the electrocardiogram laboratory is a treadmill and an arrhythmia analyzer for the Holter scanner. The treadmill has increased our capacity to perform submaximal stress electrocardiograms. The arrhythmia analyzer is attached to the 24-hour Holter scanner machine. This is a machine by which the patient can take a 24-hour tape recording of his electrocardiogram. With the arrhythmia analyzer we are able to tell the exact number of abnormal beats that have occurred within that 24-hour period.

Besides the weekly scientific sessions the Department of Internal Medicine has been involved in education in other ways. Phyllis Burgmeier, R.N., along with others, designed an excellent medical teaching program for postmyocardial infarction patients. Their booklet, "Healing Hearts Are Happy Hearts," is an excellent teaching mode for our postmyocardial infarction patients. If you have not reviewed this, I would encourage you to do so. Programs have also been discussed for cardiopulmonary resuscitation and there is an ongoing program of hypertension screening.

We concluded our year of Internal Medicine by electing the new officers. Dr. R. Burmaster received a unanimous ballot for departmental chairman and Dr. D. Hanson received a unanimous ballot for assistant chairman. I am sure that the department will continue to strive to improve the practice of medicine in the St. Cloud Hospital.



Paul S. Etzell, M.D., Chief, Department of Medicine

DEPARTMENT OF OBSTETRICS - GYNECOLOGY

1975 - 1976

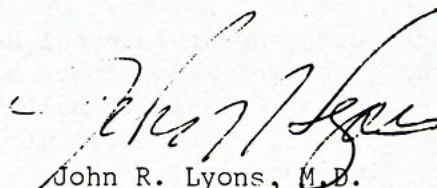
	1974	1975	1976
Mothers delivered.....	1600	1668	1776
Spontaneous delivery.....	1189	1295	1334
Forceps delivery.....	268	241	265
Breech or manual.....	43	35	36
Cesarean section.....	100 (6.2%)	97 (5.8%)	141 (7.9%)
Maternal deaths.....	None	None	None
Total live births.....	1607	1676	1769
Viable births (by weight).....	1593	1676	1758
Non-viable by weight	14	--	11
Twin births.....	16	10	14
Triplet births.....	1	None	None
All newborn deaths.....	22 or 1.4%	7 or 0.4%	24 or 1.3%
Deaths of babies >1000 grams.....	8 or 0.5%	7 or 0.4%	13 or 0.7%
Autopsy rate for newborn.....	9%	57%	25%
Number of stillbirths.....	10	7	14
Autopsies on stillbirths.....	3	1	4
Male infants discharged.....	835	851	928
Female infants discharged.....	774	822	849
Weight of largest baby that lived....	11# 13½ oz.	11# 9½ oz.	12# 8 oz.
Weight of smallest baby that lived...	3# 2 oz.	2# 9 oz.	2# 10½ oz.

Deliveries are continuing to rise despite the decrease in birth rate throughout the country. The Cesarean section rate is also continuing to rise. In 1976 there were about 40% more than in the previous year.

The audit of deliveries in which hemorrhage is greater than 800 cc. and/or Apgar is less than 6 was completed and sent to the Board of Trustees. An audit on repeat Cesarean section is now in progress.

An upgrading of the prenatal classes at the hospital has led to a marked increase in attendance at these classes.

Friday Forums on "Fetal Monitoring" and on "Estrogen and Endometrial Cancer" were presented to the Medical Staff.



John R. Lyons, M.D.
Chief of Obstetrics-Gynecology Department

OPHTHALMOLOGY AND OTOLARYNGOLOGY DEPARTMENT

1975 - 1976

The E.E.N.T. Department has established criteria and undertaken audits of cataract extraction and tonsillectomy patients and instituted some corrective actions suggested by the audits.

Quarterly meetings are held with discussion of clinical questions and of specific problems on the agenda.

At the 1975 annual meeting of the American Academy of Ophthalmology and Otolaryngology, Dr. Severin Koop received a Certificate of Award for distinguished service in educational programs of the Academy. This is a prestigious award, and when it was given to him he was flanked on the rostrum by the more usual recipients--university department heads and the like.

STATISTICS

OPHTHALMOLOGY	<u>1975</u>	<u>1976</u>	<u>Change</u>
Inpatients	435	459	+24
Consultations requested	67 (15%)	81 (18%)	+14 (+3%)
Average length of stay	4.9 d.	4.5 d.	-0.4 d.
Surgical procedures on inpatients	442	467	+25
Outpatient surgery in O.R.	25	39	+14
Consultations rendered	120	119	- 1
OTORHINOLARYNGOLOGY			
Inpatients	1023	925	-98
Consultations requested	98 (9.5%)	78 (8%)	-20 (1.5%)
Average length of stay	3.1 d.	2.8 d.	-0.3 d.
Surgical procedures on inpatients	734	672	-62
Outpatient surgery in O.R.	98	89	- 9
Consultations rendered	224	261	+37



H. Thomas Hobday, M.D.
Chief of Ophthalmology and Otolaryngology

H. Thomas Hobday MD

DEPARTMENT OF ORTHOPEDIC SURGERY

1975 - 1976

Over the past twelve months the Orthopedic Department has continued to meet monthly to cover orthopedic and administrative matters related to the department. Several things occurred that are worth review.

Activity was monitored on a continuing basis. The Department completed an analysis of the amputation experience in 1974 and 1975. In addition, completion of a study of internal derangements of the knee has been accomplished. Most notably, an ongoing study by Dr. LaFond has given us an accurate number of infections which occur in our traumatic and elective operative procedures. Zero would obviously be the ideal number, however, I feel that we are well below the national average in reporting an infection rate of 2.2% for 896 elective surgeries. For the 104 open fractures during that same period, the infection rate was 7.6%. The total infection rate was 2.8%. Much credit can be given to the nursing staff and the operating room staff who must be cooperating with us in their efforts to maintain this low infection rate.

After multiple discussions at department meetings about the need for an image intensifier and a trip to Miami to observe it in use, a Biplane Image Intensifier was purchased and will prove immensely helpful in improving care in the Orthopedic Department and in other departments that use it. I would like to thank the Administration and especially Sister Paul Revier for their efforts in acquiring this machine. A new Chick-Foster bed for patients with cervical fractures is another improvement for patient care.

The scope of nursing care on the orthopedic ward has changed and broadened with the addition of a Neurosurgeon to the Medical Staff, Dr. John Brix. The nurses have expanded their knowledge in acute neurosurgical care and broadened their skills in nursing assessment and intervention. In addition the total hip and joint program continues to grow. A very integral part of the program is teaching the patient the protocol therapy necessary after surgery. This has been carried out by Annette Stowe and her staff which devised the program subsequently approved by the Orthopedic Department. It has been in use over the past two years for teaching patients the things that are essential to life during the immediate operative and postoperative period.

Education is continuing on a monthly basis with attendance of an average of thirty personnel at the inservice hours sponsored by the Orthopedic and Neurosurgical Staff to maintain awareness of the operative techniques and nursing skills necessary in care of orthopedic patients. Models of the skull and of the cervical and lumbar vertebrae were purchased to aid in staff education.

I believe that the Orthopedic Department has maintained a strong and reliable association throughout the two years of my tenure as Chief. I am fully confident that the status of the department will not change except to improve under the guidance of our new Chief, Dr. D. Gilchrist.



Jerry Iverson
Jerry Iverson, M.D.
Chief of Orthopedic Surgery

PATHOLOGY DEPARTMENT



1975 - 1976

Overall utilization of laboratory services increased by 14% during this fiscal year. Most of this increase was experienced in Clinical Chemistry, which includes radio-immunoassays. We observed a 30% increase in the number of serum electrolyte determinations performed, and, interestingly, Pharmacy experienced a 30% increase in the number of units of parenteral fluids dispensed. This increase was due more to greater utilization of existing services than to addition of new services.

During the year we added determinations of serum folates and serum B-12's (both radio-immunoassays), CPK and LDH isoenzyme electrophoreses, plasma and urine osmolality, and lipase to our service. A new system for amylase determination was also instituted.

With the integration of the Gilford 3500 Chemistry system into our laboratory, we were finally able, as the fiscal year closed, to attain the goal of several years of effort: Provision of a general medical chemistry test profile for hospital inpatients. It is already apparent that this service has been well received by the medical staff.

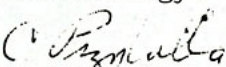
The other major equipment acquisition of the year is the Ortho HEMAC, a large-volume hematology instrument which uses a laser beam principle for counting red and white blood cells along with hemoglobin and hematocrit determinations and calculation of red cell indices.

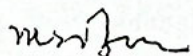
Other articles of equipment have been obtained, both as additions to our capabilities and as replacements for obsolescent systems. These include a new recording densitometer with fluorescent scanning capability, a Fiske osmometer, an IBM memory typewriter, and a cathode ray communication terminal to process laboratory data into (and retrieve from) the hospital data processing center.

The hospital's addition of a new Infection Control Coordinator added a new aspect of interest to activities of the laboratory. Already, much progress has been made in organizing the policies and activities of the many organizations who have a role in reducing the number of infections acquired by our patients and others. In the coming year, to be sure, many more procedures will be reviewed and modified to create a safer environment.

A modification in the curriculum for the training and education of Medical Technology students began in September, 1975. The new two-year internship period was accomplished with the cooperation of St. Cloud State University.

In the coming year, the laboratory expects to complete the development of useful toxicology screening and testing procedures, a radio-immunoassay method for TSH determination, an L/S ratio procedure, and a fluorescent antinuclear antibody methodology. Work will also be done in the area of immunodiffusion studies.


C. Przybilla, MT (ASCP)
Laboratory Supervisor


M. S. Bozanich, M.D.
Director of Laboratories

CLINICAL LABORATORY	20,417
Acetone, urine	10
Albumin.	2
Albumin, urine	26
Basal Metabolism, (BMR)	1
Bence Jones Protein.	3
Bile	50
Blood Loss	60
Cystine.	41
Fat, quantitative.	12
Fat stain.	10
Gastric analysis	31
Glucose, urine	8
Microscopic, urine	6
Occult blood, stool.	1,480
Occult blood, urine.	12
pH, urine.	1
Porphyrins, urine.	20
Pregnancy tests.	885
Protein, total, urine.	8
PSP.	1
Salicylates, urine	3
Semen analysis	72
Serotonin, qual.	5
Specific gravity, urine.	6
Stone analysis	103
Sudan stain.	2
Trypsin.	5
Tubeless gastric (Diagnex)	12
Urinalysis	15,732
Urinalysis, special.	1,806
Urobilinogen, urine.	4
SEROLOGY DEPARTMENT	3,103
Antistreptolysin O titer	110
Brucella (Agglutination)	60
Cold Agglutinin.	118
C-reactive protein	39
Heterophile titer.	84
Monospot	163
Paratyphoid A (Agglutination)	60
Paratyphoid B (Agglutination)	58
Proteus OX 19 (Agglutination)	64
R. A. Test	663
Serology special	382
Typhoid H (Agglutination)	62
Typhoid O (Agglutination)	63
VDRL	1,177
AUTOPSIES	101
"Acute" hospital deaths	65
S.N.F. deaths.	4
Stillborn.	4
Coroner's autopsies, DOA	28

HEMATOLOGY DEPARTMENT	142,361
Capillary clotting.	108
Cell indices blood.	50
Differential.	21,013
Duke bleeding time.	160
Eosinophil total.	1,600
Erythrocyte count	18,185
Fibrinogen, qual.	19
Fragility, blood, capillary	7
Hematocrit.	24,496
Hematology, special tests	357
Hemoglobin.	29,687
L.E. clot smear	410
Lee White clotting time	1,338
Leukocyte count	25,517
Partial thromboplastin (PTT)	1,410
Platelets (Thrombocytes).	2,689
Prothrombin time.	7,595
Reticulocyte count.	573
Sedimentation rate.	7,147
CHEMISTRY DEPARTMENT.	126,269
Acetone, blood.	1
Albumin	12
Alcohol, blood.	461
Alcohol, urine.	21
Aldolase.	5
Ammonia	15
Amniocentesis	24
Amylase, blood.	1,029
Amylase, urine.	500
Barbiturate	13
Bilirubin	3,997
Bromsulfalein (BSP)	36
Calcium, blood.	3,085
Calcium, urine.	11
Carbon monoxide	5
Carotene.	26
Cephalin flocculation	56
Chemistry Panel	1,028
Chemistry Panel Add-A	1,318
Chemistry Panel Add-B	1,215
Chlorides, blood.	8,438
Chlorides, sweat.	41
Cholesterol	4,441
Cholinesterase.	28
Cortisol.	61
CO ₂ combining power	8,548
Creatine Phos-kinase (CPK)	1,963
Creatinine, blood	8,155
Creatinine clearance.	9
Creatinine, urine	8
Cryoglobulin.	1
Digoxin	60

CHEMISTRY DEPARTMENT CON'T

Electrophoresis, hemoglobin	3
Electrophoresis, protein.	618
Folic Acid.	115
Glucose, blood.	13,523
Glucose tolerance, 3-hr.	150
Glucose tolerance, 5-hr.	125
HBDH.	575
Hydroxybutyric Dehydrogenase	119
Immunoglobulin.	1
Iron binding capacity	459
Iron, total	459
LDH (Lactic Dehydrogenase)	727
Lead.	3
Lipase.	16
Lipids, total	15
Lipoprotein electrophoresis	249
Lithium	137
Magnesium	21
Methemoglobin	1
Osmolality.	20
PCO ₂ .	1,303
pH, blood	1,303
Phosphatase, acid	488
Phosphatase, alkaline	3,754
Phosphorus.	1,274
Plasma acetone.	4
Potassium, blood.	11,205
Potassium, urine.	60
PO ₂	557
Protein A/G ratio	1,605
Pseudocholinesterase.	1
Salicylate.	52
Serum albumin	39
Sodium, blood	8,876
Sodium, urine	57
Special chemistry tests	2,457
Special procedures.	547
Thymol turbidity.	3
Thyroxin binding globulin	1
Transaminase, SGO	6,427
Transaminase, SGP	888
Triglycerides	4,221
T3.	2,266
T4.	4,935
Urea nitrogen, blood.	7,750
Uric acid	4,019
Vitamin B12	229
Vitamin C	1

PATHOLOGY DEPARTMENT	19,623
Bone marrow study.	209
Cytology for malig. cells.	10,545
Frozen section	743
Special stains	330
Tissues, Gross only.	2,506
Micro & gross.	5,290
Autopsy sections	1,742
Total sections	26,060

BACTERIOLOGY DEPARTMENT.	24,279
AFB stain.	468
Anaerobic.	284
Bacterial cultures	11,874
Culture EEST	2,981
Culture U/W.	972
Dark Field	13
Fungus culture	282
Fungus stain	173
Gonococcus culture	33
Gram stain	720
India Ink.	23
Malarial smear	3
Ova and parasites.	207
Phenylketonuria.	1,663
Sensitivities.	3,724
Skin test.	340
Smear for pinworms	11
Special stains	9
TBC Culture.	460
Trachea culture.	19
Viral studies.	20

BLOOD BANK DEPARTMENT.	20,608
ABO group.	3,745
Blood bank special	127
Blood, whole, 500 cc.	1,305
Blood, packed cells.	1,493
Blood, pediatric unit.	1
Crossmatch	9,030
Direct Coombs.	342
Fibrinogen transfusions.	5
Genotype (Paternity Studies)	3
Indirect Coombs.	29
Phlebotomy	63
Plasma transfusions.	71
Rh antibody titer.	269
Rh type.	3,938
Rho-GAM studies.	187

RADIOISOTOPES	90
Blood volume.	4
Radioisotopes	9
Schilling initial test. . .	46
Schilling intrinsic factor.	17
Thyroid uptake I 131. . . .	14
SPINAL FLUID.	1,082
Cell count.	124
Chloride.	29
Colloidal gold.	13
Differential.	102
Erythrocyte count	69
Glucose	174
Protein	270
Serology.	41
WBC	260

FOR OTHER HOSPITALS	671
Bacteriology.	2
Chemistries	104
Clinical Laboratory	10
Hematology.	16
Pathology	538
Total tissues	482
Gross.	189
Micro.	293
Pap smears	56
Radioisotope.	1

DEPARTMENT OF PEDIATRICS



1975 - 1976

The Department of Pediatrics meets monthly to discuss professional and administrative concerns, and to review quality of care. Two entities, pneumonitis and acute bronchitis, have been the subjects of medical audits during the past year.

An inservice presentation on the flush method of blood pressure technique was given by Dr. Heckman, and blood pressures are now taken on all pediatric admissions.

Three wall-mounted sphygmomanometers were installed in room 456, and an infant radiant warmer has been received.

Visiting hours have been changed to allow a close relative or friend over age 12 to visit on the pediatric end of the floor from 11:00 a.m. to 7:00 p.m. Patient and teenage lounges were exchanged to allow closer observation of teenagers.

Our new Head Nurse, Diane Dunn, has assumed her responsibilities with capable leadership and a friendly manner.

STATISTICS

	<u>1974</u>	<u>1975</u>	<u>1976</u>
Patients under age 2....	523	547	536
Patients age 2 to 14....	1580	1262	1274
Average length of stay..	4.3 d.	4.2 d.	4.6 d.
General Medicine.....	841	760	788
General Surgery.....	219	205	227
Gynecology.....	4	6	5
Orthopedics.....	169	146	161
Urology.....	114	118	114
Dermatology.....	10	4	8
Ophthalmology.....	87	77	63
Ear, Nose and Throat....	539	398	346
Communicable.....	33	26	27
Neurology.....	58	53	44
Psychiatry.....	29	16	21
Neurosurgery.....	---	---	6

Thomas L. Cress M.D.
Thomas L. Cress, M.D.
Chief of Pediatrics



DEPARTMENT OF PSYCHIATRY

1975 - 1976

STATISTICAL INFORMATION

Comparative statistics for the year 1975 - 76 are evidence of certain trends in the area of mental health care.

Inpatient Statistics

	<u>1974-75</u>	<u>1975-76</u>
Total number of patients admitted	453	423
Female.	317	290
Male.	136	133
Total number of adolescent patients (ages 13-18).	94	73
Female.	58	48
Male.	36	25
Total number of children (under age 13 years)	3	1
Female.	2	0
Male.	1	1
Total number of patients over 65.	36	42
Number of patients readmitted	148	114
	(32.7%)	(26%)
Number of patients given electroshock	9	20
Number of patients transferred to Day Treatment Program.	25	15
Number of patients transferred to State hospitals	17	10
Average daily census on the Mental Health Unit.	28.4	28.7
Average length of stay.	19.7 d.	24.3 d.
Number of patients from outside MHC* catchment area	107	105
Number of patients from out-of-state.	4	2

*Central Minnesota Mental Health Center 4 County area

1975-76 saw thirty fewer patients hospitalized on the Mental Health Unit with 4.6 days added to the average length of stay, which resulted in a 6.7% decrease in the percentage of individuals readmitted. It is also interesting to note that only 2% (or 10 of 423) of the patients were transferred on to a State hospital for long-term treatment.

Adolescent Inpatient Comparative Statistics

By pulling the adolescent inpatient statistics from the total statistics, the following information is available:

	<u>1974-75</u>	<u>1975-76</u>
Total number of adolescent patients admitted.	94	74
Female.	58	48
Male.	36	26
Average length of stay.	33.8 d.	29.7 d.
Readmissions.	18	18
	(19%)	(24%)

With an average daily census of 28.7 patients occupying the 30 available beds, it is not difficult to see that 97% of the time, the unit has maintained 100% occupancy with a waiting list of possible admissions. During the year 1975-76, 328 persons were on the waiting list. Two-hundred-one of these persons were eventually admitted to the unit.

	<u>1974-75</u>	<u>1975-76</u>
Total number of calls received	488	280
Calls from females	359	229
Calls from males	129	51
Calls from former patients	154	85
Calls from females	129	18
Calls from males	25	67
Calls resulting in admission	16	8
Calls from 7:00 a.m. to 7:00 p.m..	216	144
Calls from 7:00 p.m. to 7:00 a.m..	272	136
Weekend calls (from 7:00 p.m. Friday to . . 7:00 a.m. Monday)	169	92

PROGRAM ADMINISTRATION

The Alcohol and Chemical Dependency Unit was transferred from the Department of Medicine to the Department of Psychiatry this past year, with the A & C Unit's Program Director and Head Nurse participating in the Department of Psychiatry's monthly departmental meetings.

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federal evaluation team will not be required to include us in its program of periodic evaluation of agencies receiving these tax monies.

A Dr. Charles Jones, M.D., Psychiatrist, conducted the JCAH evaluation of our unit and therapy program in August. All recommendations offered by Dr. Jones were met prior to the reevaluation of the hospital in July, 1976.

A new program initiated the past year is our Patient Education Program entitled "Enrichment Hour." Each patient has two one-hour periods a week scheduled in his/her treatment program structured to provide him/her with the opportunity to view excellent films and videotapes, to listen to informative audiotapes, and to read appropriate periodicals and books. Group discussions of the material covered are coordinated by staff members.

The adolescent patients' "modified" behavior modification program, "PEP," (Patient Evaluation Program) has undergone much study and a number of revisions since its initiation last summer and it has now stabilized. It provides a means of giving the patient immediate feedback on and reward for his/her participation and achievement, and affords a means of earning privileges such as visitors other than family members, passes for the weekend, and for special occasions, etc.

Another part of our treatment program that has "come of age" is our practice of including the patient in our Nursing Care Conferences. At these conferences, staff members of all the various disciplines meet with the patient to help him/her develop short and long range goals, to evaluate strengths, weaknesses and problem areas, and to explore realistic approaches to solving problems and to expression of feelings. The treatment plan formulated at the conference is recorded on the Patient Care Kardex to serve as a means of communication and to promote continuity of care.

PSYCHIATRIC AUDIT

The Department of Psychiatry completed a retrospective audit on Psychotic Depressive Reaction, and a subaudit on Electroshock Therapy.

CONTINUING EDUCATION PROGRAMS FOR PHYSICIANS

The Department of Psychiatry presented three Friday Forum Programs for Physicians:

October 17th, 1975 - Dr. Paul Warner on "Sleep"

January 23rd, 1976 - Dr. Henry Brattensborg on "Electroshock Therapy"

May 6th, 1976 - Dr. Paul Warner on "Human Sexuality"

EDUCATIONAL PROGRAMS, MENTAL HEALTH UNIT STAFF

The staff of the Mental Health Unit now numbers 43, and as is our practice, the entire staff met for our annual spring workshop in April. Agenda topics included: Evaluation of our past year and parts of the program that required up-dated reports, results of our staff's participation

in the hospital-wide Employee Attitude and Morale Survey, review of new guidelines written upon the recommendation of our JCAH evaluation, and the results of a comprehensive plan for future space and program expansion. Besides regular weekly Inservice Sessions, three all-staff workshops and seminars were part of the on-going Continuing Education Program on the Unit. Ms. Edie Raether, OTR., M.S., conducted a day-long workshop on "Psychodrama and Group Therapy Techniques," for the MHU and A & C Unit Staffs. Paul Kurtz conducted an 8-session workshop entitled "Empathy Workshop," and Jack Quesnell presented an afternoon seminar on "Human Sexuality and Sexual Counseling."



THE FUTURE

This past year most of our time spent projecting into the future has been devoted to space and program expansion planning. Our high bed utilization and ever-present and growing waiting list dictate that we expand in some direction. Detailed expansion plans are on paper and have been presented to the Department of Planning and Development, and to the Facilities and Services Planning Committee for appraisal, consideration and approval.

DEPARTMENT OF PSYCHIATRY

Dr. Paul Warner was re-elected Chief of the Department for 1976-77. The Department will continue to meet on the first Wednesday of each month at 9:00 a.m. in the MHU 2 West classroom.

Paul Warner

Paul Warner, M.D.
Chief of Psychiatry

Sister Madonna Kuebelbeck, R.N., M.S.

Sister Madonna Kuebelbeck, R.N., M.S.
Program Director - Mental Health Unit



DEPARTMENT OF RADIOLOGY

1975 - 1976

ACTIVITY	1974-1975	1975-1976
Fluoroscopic examinations	6,452	6,118
Other radiographic examinations	39,423	42,118
Special procedures: Vascular	435	499
Myelogram	100	85
Arthrograph	96	116
Xeroradiography (mammography)	303	438
Nuclear medicine: Radioisotope scans	1,467	1,971
I-131 Therapy	23	22
Cobalt, deep and superficial therapy	3,819	3,823
Total	52,118	55,190

Tabulation of work performed during the past year demonstrates an overall increase in activity of 5.9%. Substantial increases were again experienced in xeroradiography and in radioisotope scanning procedures. This increased activity required the addition of technical staff personnel and an extension of hours of service in Nuclear Medicine.

Three new physicians will begin active practice in Radiology Services in July, 1976: Dr. Ralph Fedor and Dr. Phil VanderStoep will be associated with Diagnostic Radiology and Nuclear Medicine. Therapeutic Radiology will be under the direction of the Radiation Therapist, Dr. Bernard Rogers.

Purchase of the C.A.T. whole body scanner hopefully will occur this coming year, dependent on approval of the certificate of need. The unit could be operational late in 1977, if approval and renovation of available space occur in a reasonable time period. The acquisition of ultrasonography equipment should also occur early in this coming fiscal year and initially will be under the direction of Dr. VanderStoep.

Department meetings with in-service educational programs on a variety of topics were held monthly with active participation by all personnel. Quality control programs, measuring the quality of patient care, continue to be an integral part of Department procedure and the documented results demonstrate a high percentage of success.

The School of Radiologic Technology has accepted nine students into the training program beginning September 9, 1976. Seven students completed their training in August, 1975, and all were successful in passing their national Registry Examination after graduation.

Phil R. Berger

Phil R. Berger, M.D.
Chief of Radiology

Harold R. Affeldt

Harold R. Affeldt, R.T.
Department Director

DEPARTMENT OF SURGERY

1975 - 1976



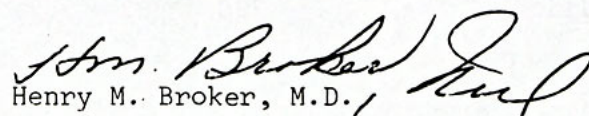
Quality of care review activities are an important part of the Department of Surgery's monthly meetings. Our review includes Neurosurgery and Dental Surgery patients. A combined process-outcome audit was completed for cholecystectomy and for inguinal herniorrhaphy patients. Both audits showed excellent results. An audit of care of benign breast mass is in process. There is monthly review of normal tissue removed at surgery and of laparotomies without removal of tissue. The department reviews in detail all cases of perforated appendix as well as normal tissue. Again, the reviews consistently show very good patient care. Deaths are studied and the Department is also very involved with the work of the Infection Committee and the Surgical Suite Committee.

The Department of Surgery invited Sister Sabina Collins, O.S.F., to talk about the Ostomy Club at a Friday Forum in July, 1975. At other Forums Dr. J. Brix spoke on care of neurosurgical injuries and head injuries; and Dr. Wm. Kelly, Minneapolis cardiovascular and thoracic surgeon, spoke on the status of coronary bypass surgery in the Minneapolis area.

Statistics for outpatient surgery in the O.R. Suite show 464 patients in 1976, an increase of 114 over 1975. If we subtract the number of scheduled patients admitted through the Emergency Room for outpatient surgery in the O.R. Suite from the total number admitted to E.R. for outpatient surgery, we find that 345 outpatients had miscellaneous minor surgery in the E.R., compared with 15 in 1975--a very significant increase. The Department of Surgery appreciates the cooperation of the hospital in making possible the accommodation of more outpatients. This has resulted in a saving to the patients.

I wish to thank Sister Mary Ellen, O.R. Supervisor, and Barbara Plachecki, Assistant Supervisor, for their help and support while I was Chief of Surgery. I also wish to say a word of thanks to the nursing personnel in P.A.R. and on the floors who work with the surgeons to achieve the desired patient outcome.

I appreciate the cooperation of the members of the Department of Surgery and their regular attendance at department meetings. We will continue to work for excellence in surgical patient care next year under the chairmanship of the new Chief, Dr. B. Bancroft.


Henry M. Broker, M.D.,
Chief of Surgery



SUMMARY OF STATISTICS ON SURGICAL PROCEDURES
1975 - 1976

Procedures In the O.R.	Inpatients		Outpatients		Total	
	1975	1976	1975	1976	1975	1976
General Surgery	2462	2275	53	96	2515	2371
Gynecology	835	820	2	7	837	827
Urology	546	678	47	23	593	701
Observation cystoscopy	407	339	67	118	474	457
Orthopedics	1067	1075	57	87	1124	1162
Ophthalmology	442	467	25	39	467	506
Ear, Nose, Throat	734	672	98	89	832	761
Obstetrics	270	315	1	1	271	316
Neurosurgery*		93		4		97
Dental Surgery		56		0		56
Total	6763	6790	350	464	7113	7254
In the Emergency-Outpatient Department (scheduled)						
Proctoscopy	1542	1524	323	353	1865	1877
Other endoscopy	223	218	20	23	243	241
Miscellaneous surgery	287	402	15	345 **	302	747 **
Total	2052	2144	358	721 **	2410	2865 **
In the Nursery						
Circumcision	790	833	0	0	790	833

*Separate classifications in 1976

**Excludes patients admitted thru E.R.
for surgery in the O.R. suite

DEPARTMENT OF UROLOGY

1975 - 1976

The Department of Urology was happy to welcome a third urologist, Dr. Patrick B. Kavaney.

Comparative statistics show that the number of patients admitted to the hospital primarily for urologic disease is almost the same for both years, but the number of patient days is larger in 1976 because of the longer average stay. Consultations asked and given are both up in 1976. There is a decided shift to use of outpatient facilities for cystoscopy. There is also a 24% increase in the number of urologic surgical procedures on inpatients.



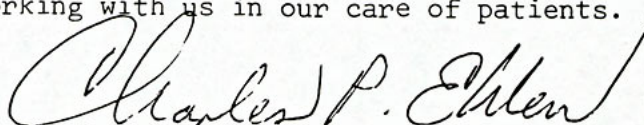
STATISTICS

	<u>1974 - 1975</u>	<u>1975 - 1976</u>
Adults	1101 patients	1110 patients
	7622 days	7993 days
	6.9 days average stay	7.2 days average stay
	432 consultations asked	474 consultations asked
	474 consultations given	529 consultations given
Children	118 patients	114 patients
	359 days	367 days
	3.0 days average stay	3.2 days average stay
	25 consultations asked	23 consultations asked
	27 consultations given	21 consultations given
All patients:		
Cystoscopy only	407 inpatients	339 inpatients
	67 outpatients	118 outpatients
Other urologic surgery	546 inpatients	678 inpatients
	47 outpatients	23 outpatients

An audit of 134 patients with urinary tract calculi was completed in January. All nephrectomy charts and deaths are reviewed at the departmental meetings. In conjunction with the Infections Committee the department is planning to launch a study on nosocomial urinary tract infection with the objective of reducing the number significantly by means of better materials and procedures for catheter hygiene.

A nephroscope was added to our equipment which expanded our capabilities for intrarenal procedures.

The urologists take this opportunity to say "Thank you" to nursing and other hospital personnel for working with us in our care of patients.


Charles P. Ehlen, M.D.
Chief of Urology

ACCOUNTING DEPARTMENT

1975 - 1976

On July 1, 1975, the Accounting Department placed the hospital general ledger on the computer. This meant that the mechanical methods of maintaining the financial records were eliminated. During the year time was spent resolving unforeseen problems and "fine-tuning" the system. We feel that we now have a good base system with which to satisfy many financial reporting needs.

One of the problems encountered during the year was the computer drowning us in paper. To remedy this problem we have moved to microfiche for some reports and anticipate a greater use of microfiche in the future.

The computerized general ledger had a drastic effect on the manner in which department members performed their tasks. All took the changes in stride and their supervisor takes this opportunity to say, "Thank you."

The 1976-77 operating and capital budgets were completed and submitted to the Minnesota Hospital Association on June 1, 1976, for rate review.

The Accounting Department thanks everyone for their cooperation with us during our year of change.



Ron Spanier
Director of Accounting

ADMINISTRATIVE OFFICE SERVICES

1975 - 1976

Since this report is the first to appear in the "Annual Report," you may be interested in some of the background of the department as well as the year's activities.

The concept for the department was implemented in September, 1967, when five administrative divisions were created under the participative management program. Many of the tasks were being done in the area at this time, but it became more formalized at that time and has grown (like the proverbial "topsy") from a staff of two full-time and one part-time to seven full-time and two part-time employees. By centralizing secretarial/clerical/messenger duties for Administration, along with other services, in one word-processing center it was thought, and has been proved, to be less costly to the hospital (and ultimately the patient) than to have individual secretaries or clerical personnel reporting to various individual administrative people and/or small departments.



The Administrative Office Services Department has, as its overall objective, "To respond to the needs of the Executive Vice President, Associate Administrator, Six Division Directors, Administrative Resident, and departments, as assigned, for secretarial, clerical, postal, duplicating/copying and filing service as efficiently as possible, at the lowest possible cost, keeping in mind our Christian commitment to excellence."

There is no compilation of statistics to give the numbers of letters, policies, procedures, memos, articles, programs, forms, financial statements, budgets, etc. which were completed during the year, but, be assured it was a tremendous amount.

Each secretary is assigned, other than specific responsibilities, to an Administrative Committee (s) to provide secretarial services as requested by the chairman of the particular committee: Preparing and distributing an agenda, acquiring a meeting room, arranging for refreshments or lunch, taking

notes which are transcribed into minutes and promulgated to the members of the committee, as well as keeping a complete file of the business carried on by that particular committee. Some of the committees served are the six Board of Trustee Committees, Administrative Council, Department Head, and the Committees for Safety, Management Planning, National Hospital Week, Services and Facilities Planning, Personnel Advisory, Education, Emergency Medical Care Coordinating, Personnel Policy, SCH-MHU Liaison, SCHLAP, and others which may be constituted as need arises.

POSTAL/MESSENGER SERVICE is provided throughout the Hospital. All incoming/outgoing mail, as well as interdepartmental mail, is processed in the department and delivered to each department and/or unit three times a day. The postage expended for outgoing mail, \$31,399.45 during the last fiscal year, attests to the amount of outgoing mail. Needless to say, along with an average of 367 inpatients per day in the hospital, most of whom receive mail, and the eight administrative people, 33 individual departments and their units, the number of individual pieces handled daily is staggering. It may be of interest to learn, too, that patient mail which is undeliverable because the patient has been discharged, is handled on an individual basis by forwarding it to the patient. This, too, is a daily service which requires much time.

DUPLICATING/COPYING for the Hospital, up to 500 copies, was done in this area until, during the past fiscal year, a Systems Design study and trial period took place, with input from the Print Shop, at the conclusion of which recommendation was made, and approved, to purchase a 7000 Xerox machine for the A.O.S. Department and a plate-maker for the Print Shop, along with some smaller accessories, and to divert all duplicating of over fifty copies which does not require collating to the Print Shop beginning in March of 1976. Our figures indicate that during the past fiscal year we produced 1,421,238 copies (2,843 reams of paper). This indicates that there is much communication and documentation, all of which is essential in a hospital of this size and scope.

CENTRALIZED FILES for Corporate, Board, and Administration documents, records, communications, reports, policies, procedures, etc. are maintained in the Department. Every effort is made to keep all items filed for ready retrievability.

In January of 1976 the Department began signing, with a check signer, all the checks issued in the Accounting Department. This is done for internal control at the request of the auditors.

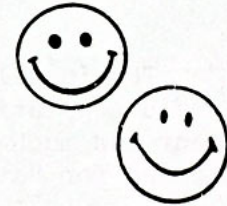
All meetings in general meeting rooms are scheduled through the Department. During the past year we arranged for 2,688 meetings. All travel records are kept on file in the A.O.S. Department for coordination and insurance purposes. In connection with this service, arrangements for air transportation, along with some other travel details, were made for 132 trips.

As our services are required, it is our pledge to respond as efficiently as possible.

Agnes K. Moeglein
(Mrs.) Agnes K. Moeglein
Director

ADMISSIONS DEPARTMENT

1975 - 1976



During fiscal 1975-76 the Admissions Department again experienced an increase in the number of both inpatients and outpatients registered. During this year 19,148 inpatients including newborn were admitted, an increase of 327 over the previous year, and 23,831 outpatients were registered, an increase of 1,317. The total increase in one year was 1644. The record day in the department occurred on September 3, 1975, when 205 patients--60 inpatients and 145 outpatients--registered.

The greatest number of inpatients in the hospital on any one day occurred on February 17, 1976, when there were 482 patients. The all-time high the previous year was January 7, 1975, when there were 461 patients. The largest number of inpatients admitted on any one day was 85. That same day 83 outpatients were registered. Our department has continued to work closely with the Nursing Staffing Office on bed utilization and patient placement in order to keep a satisfactory distribution of patients in proportion to staffing capabilities while keeping in mind budget control.

The Utilization Review portion of the Quality Assurance Program of St. Cloud Hospital continues to operate quite satisfactorily and smoothly. We continued to see an increase in the number of patients we are required by law to review, which presently is everyone eligible for Medicare and/or Medicaid coverage. For over a year we have anticipated being assigned to the Metropolitan Foundation for Health Care as our P.S.R.O. This has become a reality as of June, 1976. At this time the Foundation has not been able to be of assistance to us in further developing the program. Belonging to this P.S.R.O. will necessitate some major modifications of our program. An important item is that in order to become a "designated hospital," we will have to review every inpatient within 24 hours of admission.

We attribute the greater utilization of the Skilled Nursing Facility in fiscal 1976 to the utilization review program.

During the past year more physicians have availed themselves of the opportunity to use the services of an R.N. in the Admissions Office for leaving telephone orders. I would like to encourage those who have used this service to continue to do so and to invite others who have not to "try it."

INTECH, our hospital internal communication system, was temporarily inactivated from May to October, 1975, for reprogramming and re-organization. During that time an additional C.R.T. unit and another printer were added to our equipment. We have worked closely with the Data Processing Department in this endeavor and appreciate the fast response of both Terry Heinen and Jim Lange to "put us back on the air" as quickly as possible when the system is

"down." The installation of this system required a good number of major changes and adaptations in procedures, routines, added duties, etc., in our department and much forbearance on the part of the personnel. They need to be commended for "sticking with it."

We are grateful for the cooperation of the Medical Staff, Nursing Personnel, Auxiliary and Candy Strippers and all departments of the hospital for cooperating with us in carrying out our objective of quality patient care.

Sister Marion Sauer, R.N.

Sister Marion Sauer, R.N.
Director of Admissions



ALCOHOL AND CHEMICAL ADDICTION CENTER

1975 - 1976

The Alcohol and Chemical Addiction Center of St. Cloud Hospital celebrated its fifth birthday on June 26, 1976, at the Freedom Fest at Metropolitan Stadium in Bloomington, Minnesota. Along with thousands of persons celebrating their freedom from alcohol and addicting drugs, more than two hundred of our ex-patients gathered to formally recognize the fifth birthday of our unit. The staff also celebrated our fifth anniversary by a picnic. Five of the original staff who are still in service were recognized. We also held our annual Christmas party at which time our ex-patients and their families gathered in the parish house of Trinity Lutheran Church in Sauk Rapids.

Because of the fifth anniversary of the Alcohol and Chemical Addiction Center it is interesting to note our gradual growth as revealed by this record of patient days since our opening.

	1971-72	1972-73	1973-74	1974-75	1975-76
July	232	305	380	812	880
August	291	368	455	866	626
September	259	378	586	816	811
October	341	420	483	609	896
November	246	274	478	729	738
December	258	297	730	856	755
January	414	413	667	902	779
February	482	411	611	750	857
March	386	587	912	682	967
April	353	439	841	751	683
May	349	571	904	771	804
June	261	534	828	828	722
TOTAL	3,872	4,997	7,875	9,372	9,518



During our fifth year of service to Central Minnesota patients came from a large geographical area. For 322 patients served during 1975-76, the following counties were represented.

Stearns	133	Stevens	7	Martin	1
Benton	35	Cass	4	Kandiyohi	1
Crow Wing	34	Meeker	4	Huston	1
Douglas	19	Mille Lacs	4	Aitken	1
Wright	19	Big Stone	2	Carlton	1
Sherburne	16	Anoka	2	Washington	1
Morrison	8	Fope	2	Out of state	3
Todd	8	Itasca	1	Unknown	8
Hennepin	7				

Of our 322 patients this year, 88 were females ranging in age from 13 to 74. Two hundred thirty-four were men whose ages ranged from 13 to 80. These patients were admitted by 50 different physicians on our medical staff.

Total number of patients for detoxification only	125
Total number of patients completing treatment	197
	<u>322</u>
Average stay for detoxification	3.9 days
Average stay for treatment	44.4 days

The principal diagnosis for patients on our unit was alcoholism:

Alcoholism	217	Emotional problems	4	Evaluation	1
Drug addiction	33	Hold for 2 West	4	Depression	1
Chemical dependency	25	Alcoholism and		Nervous tremors	1
Alcohol and drug		attempted suicide	3	Unknown	4
addiction	18	Behavioral problems	2		<u>322</u>
Chemical addiction	7	Overdose	2		

Referrals to the Alcohol and Chemical Addiction Center came from the following sources:

Referred by family	98	Stearns County Welfare	3
Self referred	42	Counselors	2
AA members	24	Morrison County counselor	6
Detox center	20	Transient	2
Emergency room	15	Transferred from 2 West (SCH)	2
Crow Wing County counselors	15	Employers	2
Friends	13	Central Minn. Mental Health Cen.	2
Courts	10	Parole Officer	1
Police or sheriff	8	Douglas County Social Welfare	1
Stevens County counselor	8	Minnesota Home School	1
Douglas County counselor	7	St. John's University	1
Todd County counselor	6	Unknown	6
Physician referral	5		
Transferred from other floors	14		
Ambulance Company	4		
Intensive Care Unit (SCH)	4		

After treatment our patients were referred to the following persons, agencies and places:

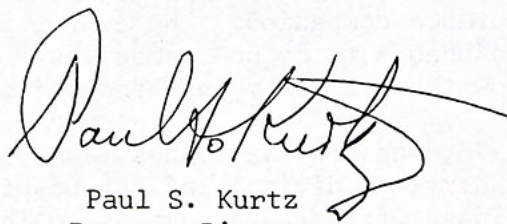
Home	199	SCH Medical and Surgical floors	8
Against Medical Advice	31	Central Minn. Mental Health Cen.	1
2 West (SCH)	16	Court	1
V. A. Hospital	11	St. Francis Hospital	1
Quad County Detox center	7	Nursing Home	1
Willmar State Hospital	7	Jail	1
Local Halfway House	5	Foster parents	1
Brainerd State Hospital	3	Minneapolis out-pt. program	1

Unknown 28

Continuing education for the A & C staff was again an impressive activity. Beginning in July, 1975, JUNE HUBERTY attended the Alcoholics Anonymous International Convention, celebrating the 40th anniversary for AA in Denver, Colorado. In September, 1975, the entire A & C staff held an all day workshop and evaluation session. SUE MEERS attended a Family Therapy Workshop led by Carl Whittaker, in September. In October, 1975, SUE MEERS, RUTH MESTNIK and SANDY RUPAR attended the 31st Alcoholics Anonymous Manitoba Conference in Winnipeg. During eight weeks in October and November of 1975 SHARON O'MALLEY, SUE MEERS, RUTH MESTNIK, SANDY RUPAR, LOREN JOST, CLAIR LANZ, PETE HONER, ROSIE MENKE and JUNE HUBERTY attended an Empathy Training Workshop held on our unit. In November, 1975, AL FREDRICKSON, SHARON O'MALLEY, and MARLY KELLER attended a workshop on Yoga, Meditation and Chemical Dependency at the University of Minnesota.

During March, 1976, a Psycho-Drama Workshop was held at St. Cloud Hospital, led by Edith Raider. Attending this were SUE MEERS, SHARON O'MALLEY, AL FREDRICKSON, JUNE HUBERTY, PETE HONER, ELLIS LIESEMEYER, RALPH HANSON, LOREN JOST, EUGENE BARIBEAU and PAUL KURTZ. In April and May, 1976, RALPH HANSON, AL FREDRICKSON, and MARY ANNE DANIEL attended an eight-week Empathy Training Workshop at St. Cloud Hospital. In May, 1976, SANDY RUPAR and PETE HONER attended a Seminar on the Grief Process held by Family Counselors Associates at the Germain Hotel in St. Cloud. During June, 1976, MARLY KELLER attended a Family Therapy Workshop with Virginia Satir and JUNE HUBERTY attended a Family Therapy and Chemical Dependency Conference at the Johnson Institute in Edina. In July, 1976, MARLY KELLER attended an Introduction to Transactional Analysis at St. John's University.

Our thanks for an outstanding year goes to each member of the A&C staff. Without such teamwork we could not continue to move forward. Special thanks are offered to Dr. Vernon Neils, chairman of the A & C committee; Kay Smidt, R.N., Head Nurse; and to Sue Meers, secretary. Without their help this unit could not run in the efficient way it does. For assistance in helping plan for the future, we would like to offer our thanks to Mike Becker and Sister Luke of Administration.



Paul S. Kurtz
Program Director
Alcohol and Chemical Addiction Center

BUSINESS OFFICE

1975 - 1976



Business Office personnel have the duty of collecting payment for services received by patients from all of the departments in the hospital as well as from the personnel working here, so that the St. Cloud Hospital may continue to give these services to the many who come for them.

During the fiscal year the Business Office collected \$17,605,996.14. This was accomplished by increased efforts to collect from patients at the time of discharge and increased pressure on all third party payors who are billed for 70% of the accounts. We have also streamlined our collection procedures regarding outpatient accounts.

We continue to hold a meeting every week to keep all employees informed about new policies and procedures. This gives each employee in the office an opportunity to ask questions and to make suggestions.

Our greatest amount of contact with the patient and his family is at the time of discharge, although we continue to work closely with the Social Service Department on patients referred to their office for possible financial assistance. We also obtain insurance coverage information on the patient and assist him in setting up a plan for payment of the balance of his account or obtaining assistance from a Welfare Agency when necessary. Patients are assisted with budget counseling or obtaining a loan if necessary.

At the time of discharge we can be of great service to the patient by our courtesy in answering the many questions they have about their bills and by filling out their insurance forms so that they are able to collect their benefits from insurance companies. We assist patients in completing claim forms when they are unable to do so themselves. When the patient leaves our office, he knows how the bill is being handled and what we expect of him.

In January, 1976, the Central Minnesota Medical Service Office became a part of the fiscal services division of the hospital and the office was relocated near the Business Office. A payment policy was adopted which makes it possible for patients who pay their CMMS bill on leaving to have the Business Office bill their insurance company for the CMMS charge as well as the hospital bill. Two new employees were added to the CMMS staff to cover the hours from 8:00 p.m. to midnight.

Although it is less gratifying to take than to give, we believe that the Business Office can be of great service to our fellow men by courteous, efficient and proper methods of collecting patients' accounts. This continues to be our goal. If we accomplish it, the St. Cloud Hospital will be able to continue to give service to mankind.

Wayne R. Lauermann

Wayne R. Lauermann
Business Office Manager

CENTRAL PURCHASING AND MATERIALS MANAGEMENT

1975 - 1976

In July of 1975 Administration reorganized several departments under a Materials Manager. Central Service, Purchasing, Central Store Room, Laundry and Print Shop were combined to form the Centralized Purchasing and Materials Management Department. My appointment to Materials Manager resulted in a vacancy in the Central Service Department which was filled by Mr. Michael Nierenhausen.

In March of this year I attended a Materials Management Seminar in Chicago. As a result of this seminar, we held a "Mini" Materials Management Seminar for Administration, Head Nurses and Department heads to familiarize them with the materials management concept within the hospital. The seminar was well attended.

Systems Design and E.D.P. Department have been assisting us in developing printouts and programming a system to achieve one of the primary goals of computer printout-purchase orders on all items carried in stock. We will also obtain statistical reports to control inventory levels of all stock items. The Inventory Control Area will also control the stock levels in all departments and on nursing units.

In order to reduce xeroxing costs in the Administrative Office Services, the Print Shop duplicates any order needing fifty or more copies. This change has resulted in additional work and employment of a part-time printer's assistant. If the present Print Shop activities continue, we should relocate or expand the present area.

The Laundry Department processed 1,866,660 pounds of laundry that included 457,255 sheets and blankets. The present fiscal year will see replacement of a washer and lint collector and addition of a dryer. Hopefully, air conditioning will become a reality. Some construction will allow the excess heat to be removed from the dryer area.

Equipment for renovation of processing in the Central Service Department has been purchased. When completed we will have a decontamination concept in the processing of recyclable items. During the fiscal year Central Service processed and sterilized 255,090 items, dispensed 30,939 parenteral solutions, processed 2,515 gallons of unsterile distilled water and gave 27,264 warm pack treatments.

For some time Central Service has searched for a charge recovery system on items stocked on nursing units. Working with E.D.P. Department, we are developing a printout which will assist in meeting this objective.

Maynard Lommel

Maynard Lommel

Director of Centralized Purchasing and Materials Management Department



CONTINUING EDUCATION DEPARTMENT

1975 - 1976

This has been a year of challenge and change in the Continuing Education Department. In addition to programs for nursing personnel, the Department widened its focus to include more hospital-wide educational programs.

The Department's organizational structure underwent a series of changes during the year. The Kiwanis Patients' Library was transferred from the Rehabilitation Division and is now under the management of the Health Sciences Library. One management position was eliminated when the responsibilities of the Education Coordinators were broadened. The Problem Oriented Charting program was terminated. The new organizational structure is as follows:

ACTING DIRECTOR

Carolyn Andrews

				<u>Secretary</u>	
Education Coordinator, Nursing Division Linda Wallen		Education Coordinator, Medical Support Division Jeanette Carlson		Education Coordinator, Rehab & Counseling Div. Konie Slipy	
		Media Coordinator Phil Schneider		Health Sciences Librarian Nancy Campbell	
				Kiwanis Patients' Librarian Patricia Kasimor	



With the reorganization of educational resource services to the other Divisions in the Patient Care Services areas, we hope to handle more efficiently and effectively the increased educational needs for those Divisions and Departments.

Sally Grabuski has taken a one year leave of absence to attend St. Cloud State University, studying Business Management. During her absence Carolyn Andrews is the Acting Director. Linda Wallen replaces Carolyn as the Education Coordinator, Nursing Division. Sister Catherine Kasel left the Health Sciences Library in November to become a librarian for the St. Cloud School of Nursing. JoAnn Thueringer and Karyn Greely took other positions when the Problem Oriented Charting Program ended.

Patient health education has been increasing by leaps and bounds. The St. Cloud Hospital Prepared Childbirth Classes have been revised with the help of the Obstetrics-Gynecology Department. Attendance at these classes has

doubled. More than 200 couples have benefited from them. The Diabetes Classes continue to help the patients who suffer from diabetes. Education programs are being planned for stroke patients and for infant care.

In Cooperation with the Public Relations Department the Education Coordinators presented the Heimlich Maneuver (or, How to Save a Choking Victim) Program to over fifty community groups with over 3,000 participants. Some of the people who learned this maneuver from us have since been able to save the lives of choking victims.

After attending the special classes given by the American Heart Association, the Education Coordinators are now certified Cardiopulmonary Resuscitation Instructors and have been giving classes in this technique. Some of the other education programs presented throughout this year were on Neurology, Child Abuse, Death and Dying, Communication, Impact of Change, and an introduction to the new Supervisor's Manual of Personnel Policies and Procedures.

In addition we must not forget the day-to-day educational activities of the Department such as general orientation for new employees, affiliating students, faculty, and volunteers; orientation of new managers; orientation of all categories of Nursing Service employees; Nursing Arts Class for X-ray students; various skill training classes--IV certification and CPR review; numerous special workshops and seminars. The Department assists Central Minnesota AHEC with needed workshops for the area health care employees. The Diabetic and Ostomy Social Groups have continued.

Once again this year hospital employees took advantage of the college level courses offered at St. Cloud Hospital. Offered this past year through the area colleges were Assertiveness Training, Abnormal Psychology, Psychology of Women, Medical Terminology, and Human Relations. In addition the hospital staff used the tuition reimbursement funds.

Media Services indicates that during 1975-76 programs offered on Educational TV, Channel 6, were viewed 5,296 times by staff members. Our mobile videocassette system has become a reality, thus providing pre-recorded education programs for evening and night nursing staff. Patients are now getting televised patient health education programs free of charge over Channel 13. In cooperation with St. Cloud State University we have had two interns from the Mass Communications Department learning about health science media and assisting our operation.

Utilization of the Health Sciences Library and Kiwanis Patients' Library has greatly increased over this past year. A new service of the Health Sciences Library is LATCH, Literature Attached to Charts, whereby a physician may request literature regarding an unusual disease or treatment of a disease. It is then placed directly with the patient's chart. The Health Sciences Library is continuing to bring departmental libraries into the Central card catalog system. The Kiwanis donation of \$100 has been used to begin a special collection of large-print materials for patients with diminished eyesight.

New books in the Health Sciences Library which were purchased on recommendation of the physicians are:

Baker. CLINICAL NEUROLOGY. 3 vol. 1975.
Bergsona, D. BIRTH DEFECTS. 1973.

Conn and Conn. CURRENT THERAPY, 1976. 1976.
DuVries, H. DUVRIES SURGERY OF THE FOOT. 3rd ed. 1973.
Gellis, S. CURRENT PEDIATRIC THERAPY. 1976.
Goodman and Gilman. PHARMACOLOGICAL BASIS OF THERAPEUTICS. 1975.
Kissane, J. PATHOLOGY IN INFANCY AND CHILDHOOD. 1975.
Schiff, L. DISEASES OF THE LIVER. 1975.
Sherlock, S. DISEASES OF THE LIVER AND BILIARY SYSTEM. 1975.
Wintrobe, M. CLINICAL HEMATOLOGY. 1975.
Wise, B. PREOPERATIVE AND POSTOPERATIVE CARE IN NEUROLOGICAL SURGERY. 1972.

New subscriptions were purchased for "British Medical Journal" and "Cancer Treatment Reviews."

I would like to take this opportunity to thank all past and present members of the Continuing Education Department for their efforts during the past year and I look forward to another year in 1976-77.

Carolyn Andrews

Carolyn Andrews
Acting Director, Continuing Education

DATA PROCESSING DEPARTMENT

1975 - 1976



During the first half of the last fiscal year the department placed the most effort on the final conversion of the IV Phase communication system. The final switching to the Admitting, Pharmacy, and Laboratory module took place on December 1, 1975. Since February of 1976 the system has operated on a 24-hour-per-day basis without failure. This reliability is important for the success of any communication system and is probably typical of the newer generation of computers released during the past two years.

Our Burroughs system which processes all of the hatch applications underwent the usual additions and modifications. The Payroll System required considerable effort with the addition of better reporting for insurance as well as more controls to monitor benefits and special employee compensation. The General Ledger System was further refined and a method of handling miscellaneous accounts receivable was developed. This resulted in an elimination of the total student nurse billing system previously used for billing tuition and other student expenses. Some preliminary work was done in Inventory for purposes of creating automatic purchase orders much like the Pharmacy Inventory System.

During the next fiscal year additional design efforts will be placed on the communication system. The intent will be to develop a system with a better response time, as well as make more information available to the patient care departments of the hospital. This effort will involve access to some of the massive amount of information that is being accumulated and merging information for such projects as infection reporting.

During the nearly ten years that the hospital has used computer services we have installed systems with several objectives in mind. These include reduction of man hours, control of work flow, and comprehensive management reporting. The one benefit that seems to be consistently apparent after a system is installed is control of work flow. This is evidenced by the need to perform duties in a step-by-step fashion without interrupting work patterns. Control of this type will sometimes cause frustrations until all of the work areas adapt to the change. The effect after this is that errors are detected more easily and the manager has more meaningful standards by which to evaluate the quality and quantity of work.

Terry Heinen

Terry Heinen
Data Processing Manager

DIETARY DEPARTMENT

1975 - 1976

	<u>Last Year</u>	<u>This Year</u>
Total meals served	649,635	670,798
Daily average	1,780	1,833
Meals served to patients	371,536	379,169
Daily average	1,018	1,036
Modified diet percentage	33.2%	33.7%
Other meals served	278,099	291,629
Daily average	762	797
Diet counseling	1,846	1,916
Ounces of formula prepared	22,152	22,319



The increase in the number of patient meals includes 4,276 served for the Home Delivered Meals program. Since March 15 approximately 60 noon meals have been served five days each week.

Patient Services

Identifying and assisting the hospitalized patients not able to accept a limiting diet regimen and diet counseling were the major activities of dietitians. They participated regularly in interdisciplinary patient care conferences, nutrition classes for patients with diabetes and in rehabilitative units and outpatient groups such as the Expectant Parents Classes, and Diabetes and Ostomy Clubs. 288 outpatients were given diet counseling. The 1975 edition of the Diet Manual was approved by the Medical Staff in September and put into use in November. The three week cycle menu for patients was revised to adapt to the changes in the diet manual and to increase its effectiveness as a teaching tool for modified diets.

Employee Services

In response to continued employee requests the dietary department began serving lunch in the PDR between 2:00 and 3:30 a.m. nightly for personnel and visitors.

Administrative Services

Regular quality control checks were initiated for patient meal service and the ratings are included in the hospital Quality Control Report.

All of the job descriptions in the department were revised. Many of the job titles were consolidated. Reevaluation of one category was completed with work to continue in this area.

The required dry chemical fire prevention system was added to the hood in the kitchen. A battery operated console truck is being used for delivery of between-meal nourishments to patients.

Outside Services

The department continued to contract the services of a consultant dietitian to a nursing home. Thirty area hospital and nursing home food managers and consulting dietitians responded to an invitation to a workshop designed to acquaint them with the revised diet manual.

Education and Staff Development

Five students completed the first year of the Area D Preplanned Dietetic Traineeship and passed the national examination to become registered dietitians. A second group of six trainees began their rotation in area institutions in September. The dietary department continued to provide work experience for one student of the Alexandria Vocational-Technical school dietetic assistant course.

The Basic Workshop for new dietary employees was updated (4th revision) to include new concepts for adult education.

Employee inservice topics included discussions on spiritual care, infection control, food faddism, snack foods, vegetarian diets, quality control, home-delivered meals, food sanitation, fire prevention and the Heimlich procedure.

Outside programs attended by dietary personnel include the clinical sessions at the ADA annual meeting and workshops on food purchasing, maternal and newborn nutrition, material management, diabetes mellitus, nutritional needs of the spinal cord injured and stroke patients. Dietitians also attended several meetings on the implications for dietitians of PSRO, nutritional assessment and patient care audits.

Plans for the Future

Included in the objectives for the coming year are the completion of the evaluation of the job descriptions and a study of the department organization structure. The conveyor from the Personnel Dining Room will be renovated. Nutrition education programs, particularly relating to normal nutrition, will be developed.

Mary Jane Schoffman

(Mrs.) Mary Jane Schoffman, R.D.
Director of Dietetics

ECG AND EEG DEPARTMENT

1975 - 1976



MODALITIES	1973 - 74	1974 - 75	1975 - 76
Electrocardiogram, inpatients	7,837	7,987	9,181
Electrocardiogram, outpatients	514	575	554
ECG exercise tests	114	132	154
Holter recorder and scans		88	136
Total	8,465	8,782	10,025
Electroencephalogram, inpatients	543	600	688
Electroencephalogram, outpatients	320	315	355
Total	863	915	1,043

During the fiscal year 1975-1976 the ECG-EEG Department experienced growth in numerous areas of operation: Departmental activities increased by 14% in both ECG and EEG areas. Doctors interpreting ECG's increased from six in 1974-1975 to nine in 1975-1976. Additional departmental space was acquired and one full-time technician was added. Drs. T. Luby and R. Thienes were appointed medical advisors from the Department of Medicine. Weekend hours were expanded to provide coverage from 7 a.m. to 9 p.m.

Electrocardiograms are being interpreted by the following Internists: Dr. J. H. Kelly, Dr. T. Luby, Dr. P. Moran, Dr. R. Thienes, Dr. H. Windschitl, Dr. P. Etzell, Dr. J. Ballantine, Dr. R. Burmaster, Dr. W. Lindquist, and other internists designated by them on a monthly basis. The high month for ECG activities was January, 1976, when 958 departmental procedures were performed.

Electroencephalograms are interpreted by the Minneapolis Clinic on Monday, Tuesday and Thursday. The EEG Laboratory operates Monday to Friday from 8 a.m. to 4:30 p.m.

Continued expansion of services is projected for fiscal 1976-77. A pace-maker evaluation clinic will be established in the ECG section.



Michael D. Patton

Michael Patton, Director
Electrocardiography and Electroencephalography

EMPLOYMENT DEPARTMENT

1975 - 1976

With the close of 1975-1976 fiscal year, I have been with the Employment Department five years. This seems to be an appropriate time to review some of the activities of this department and to discuss these areas of growth and/or change over those five years.

The following statistics are a basis for our review:

	<u>1971- 1972</u>	<u>1972- 1973</u>	<u>1973- 1974</u>	<u>1974- 1975</u>	<u>1975 1976</u>
Applications accepted	1042	1435	1997	2243	2305
Number of people hired	324	360	415	448	370
Exit and LOA interviews	153	176	208	204	236
Employment turnover rate	33.0	22.7	26.2	28.4	22.4
Total number of employees	1246	1312	1392	1414	1437

The number of applications for employment has more than doubled in five years, from an average of four applicants for every day our office is open (260 days per year) to nine applicants per day.

The total number of employees has increased by 13.5 per cent over the past five years. This indicates additional and/or improved services for both patients and employees.

Our turnover percentage has dropped to a new low. This together with the reduction of "new hires" this year indicates one of the most important changes that has been pursued over the past five years. The excellent leave of absence policy of Saint Cloud Hospital, together with a more refined manpower planning system allows our employees to request an approved leave of absence (LOA) for illness, education, pregnancy or other important reasons. These employees may then return to hospital employment, filling vacancies that would otherwise require the recruitment of new employees. This works to the advantage of employees in the form of job security and to the hospital in reduced recruitment, orientation and training costs.

The five-year increase of exit and LOA interviews by 65 per cent indicates one of the planning processes for employees who leave on approved leave of absence. In this interview we can plan with the employee his/her return to employment.

This additional number of applicants, employees, and exit interviews has greatly increased the activity of our department. The lower turnover percentage may be partly a result of the economy and the local job situation; however, together with the lower "new hire" figure and the number of employees returning to work after approved leave of absence, it must also be some indication that St. Cloud Hospital is a very good place to work.

My first five years of affiliation with the Employment Department of Saint Cloud Hospital has been most rewarding. My thanks to a dedicated, loyal, and hard working staff who always remembers that our department is one of service. They care about Saint Cloud Hospital employees.

Pauline Page

Pauline Page, Employment Manager

DEPARTMENTAL PERSONNEL 1975 - 1976	Full Time	Part Time	Full Time Equivalent
Executive Vice President	1	0	1.0
Associate Administrator	1	0	1.0
Director of CME	1	0	1.0
Assistant Administrators	6	0	6.0
Nursing Service	268	338	418.5
Operating Rooms	23	14	31.1
Admissions	7	11	14.8
Anesthesiology-PAR	14	7	18.7
Housekeeping	59	41	81.2
School of Nursing	18	17	24.2
Laboratories	29	17	39.9
Radiology	18	18	25.2
Medical Records	21	8	23.7
Dietary	61	50	86.5
Pharmacy	11	2	12.4
Respiratory Therapy	6	9	12.7
Emergency-Out Patient	12	19	21.8
ECG-EEG	5	2	5.8
Rehabilitative Center	24	14	30.0
Mental Health Program	16	19	30.6
Alcoholism Treatment Program	13	16	23.3
Social Services	4	0	4.0
Psychology Services	2	0	2.0
Spiritual Care	5	2	6.0
Business Office	18	6	22.1
Centralized Purchasing & Materials Management	46	21	59.0
Data Processing	8	4	9.4
Patient Representative	1	0	1.0
Engineering	30	5	33.9
Accounting	5	0	5.0
Wage and Benefits	5	0	5.0
Administrative Office	8	2	9.0
Employment Department	4	0	4.0
Public Relations & Communications	7	13	14.7
Continuing Education	6	2	6.3
Volunteer	1	2	2.3
Coffee Shop	1	8	3.8
Systems Design	3	0	3.0
Medical Staff Office	2	0	2.0
	770	667	1101.9



MEDICAL RECORDS DEPARTMENT



1975 - 1976

The Medical Records Department spent the past year immersed in medical audit--the philosophy, the method, the work. Should we use process audit? Or outcome audit? Or a combination? We have now worked with many departments, with all of these methods, and the answers are in the making.

The standards of the Joint Commission on Accreditation of Hospitals require completion of ten medical audits annually because we discharge between 10,000 and 19,999 patients each year. The hospital was in compliance for 1975-76. Most of the audits were done by the clinical departments; several studies were done by the Utilization Review Committee. In addition the Department of Nursing Service carried out audits of nursing care. Our objective for next year is completion of at least one audit that will use criteria initiated and accepted by more than one department and end with a joint discussion of the results and plans for follow-up.

The Medical Record Technicians in the department attended the annual two-day meeting of the Minnesota Medical Record Association in Duluth and two regional meetings held in St. Cloud. The department head attended the annual meeting of the American Medical Record Association in Miami Beach, a two-day workshop in Madison, Wisconsin, on audit methods for psychiatric patients sponsored by the Joint Commission; a three-day institute in St. Paul on ambulatory care records given by the American Medical Record Association; and a two-day institute in Minneapolis on tumor registries sponsored by the American College of Surgeons.

Statistics show the total number of emergency room patients to be almost exactly the same this year as it was last year. Within the total, however, there was a shift. Figures show an increase of more than 445 scheduled minor surgical procedures which meant a 147% increase in surgical reports dictated by the physicians and transcribed in Medical Records. Dictation in other areas also increased somewhat to take care of 188 more inpatients in the general hospital, 86 more newborn babies, 54 more patients in the Skilled Nursing facility and 141 more operations in the O.R. suite.

The monthly report on professional work was made more specific to show the average length of stay and occupancy rates for some of the special care units as well as for the hospital as a whole.

Looking back, the aspect of our work that stands out is our growing involvement in documentation of the quality of patient care. The clay that will become the accepted and meaningful measure of quality of care is on the potter's wheel. All of us in Medical Records are committed to working at that wheel.



Sister Mary Schneider

Sister Mary Schneider, O.S.B., R.R.A.
Director of Medical Record Services

NURSING SERVICE DEPARTMENT

1975 - 1976

This past year has been a rewarding and satisfying year for our Nursing Service Department. Through the efforts of our fine management staff, nursing committees and all department staff, we have accomplished many goals that will aid us in providing quality care to our patients.

Some of the accomplishments we can look back on are the following:

1. Completion of eight nursing audits and refinement of the reporting mechanism to the Board of Trustees regarding these and our quality control checklists.
2. Revision of care plans that will aid in better discharge planning for our patients, which was a recommendation of the Audit Committee.
3. We continue to work with the three nursing programs in the area to coordinate the students' clinical experience in order to provide them with a fulfilling experience and also to maintain a high quality of patient care. We find that with careful planning our students lend much to patient care.
4. Our committees in the department continue to function at a high level and through their efforts we have reviewed and revised our Policy, Procedure, Medication and Employee Guidelines Manual.
5. We have centralized all the Nursing Service Department schedules this year and through this means we feel we will be able to develop consistent employee guidelines that will be of benefit to our nursing staff.
6. Our telemetry capability expanded from four to eight patients and has been utilized well.
7. Several patient teaching programs were either reviewed and updated or established this past year--Prenatal Classes, Cardiac Teaching and Diabetic Education.
8. Our clinician role has expanded to include Rehabilitation, Cardiac Care, Medical, Surgical and Maternal-Child Health Clinicians. We see this position as a non-management role that will work with staff development, patient teaching programs and aid in development of systems that will improve patient care.



Some areas that we will be looking at this coming year relate to the following:

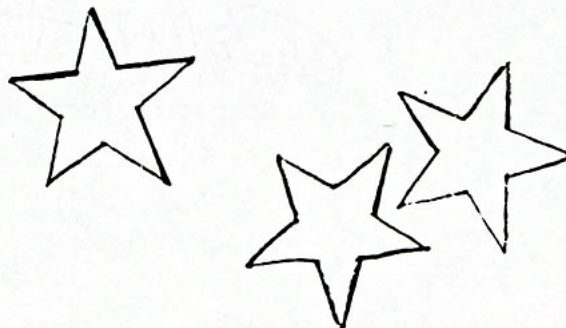
1. Re-evaluating problem oriented charting and determining if this is the proper system to use to assure pertinent documentation.
2. Evaluation of primary nursing care on one nursing unit.
3. We now have data available to us regarding an IV. Team and will need to determine effectiveness of this type of program.
4. Job descriptions in the department will need to be reviewed and updated to make them more meaningful to staff and Nursing Service managers.
5. Although it seems that we have just completed renovating, we will be involved in facility planning which will include evaluating need for acute care beds.
6. We will also be involved this year in helping to establish a system that will aid our RN's with the Mandatory Continuing Education Law that becomes effective in January, 1978.

Whatever has been accomplished this past year was done through the efforts of a nursing staff that knows how to work together and shows care and concern for patients and for fellow employees.

My annual report can never be complete without thanking this special group of people that I am so proud to be associated with and asking God to bless them always!

Mrs. Connie Moline

(Mrs.) Connie Moline, R.N.
Director of Nursing Service



OPERATING ROOM

1975 - 1976

The 1975 - 1976 fiscal year reflects considerable review, updating and revision of various programs, standards, procedures and systems, e.g., quality assurance, infection control, inservice conferences, preventive maintenance, staffing and job descriptions. This was accomplished, in good part, by a number of small committees comprised of surgery personnel who spent considerable time questioning, suggesting and often changing the current practice. Their interest, concern and constructive involvement was exemplary and truly appreciated.

The year 'round, eight operating rooms were available and adequately staffed with nurse/technician personnel. The block system for scheduling surgery seems to work favorably for both the surgeon and the O.R. suite. The number of surgery hours increased beyond the budgeted projection figure while the number of operations increased by 141 over last year. Some of this can be attributed to the arrival of Dr. Brix, Neurosurgeon; Dr. Kavaney, Urologist; Dr. J. Heeter, Ophthalmologist; and Dr. M. Flanagan, Obstetrician-Gynecologist. During the winter months the operating rooms are utilized between 85% and 100% of the available time. The summer months reflect a 72% to 78% room utilization.

Again this year needed instruments and capital equipment were purchased. Suggestions and recommendations were obtained from each Chief of Service concerned and from O.R. personnel so that accurate purchases could be made for the respective specialties.

Turn-over among personnel has been less frequent this year. The service, concern and skill of our nurse/technician personnel has been of a very high quality. There has been a deliberate attempt to upgrade performance in each specialty area. It is more and more evident that surgery personnel are specializing. My assistant, Barb Plachecki, adds a very positive ingredient to the department! She conducts regular inservice programs, is responsible for the orientation of new employees and is available to the circulating nurses during the day's schedule. "Thank you, Barb," and a sincere thanks to all surgery personnel for their splendid performance.



Sister Mary Ellen
Sister Mary Ellen Machtemes, R.N.
Operating Room Supervisor

PLANNING AND DEVELOPMENT DIVISION

1975 - 1976

Although the Division of Planning and Development at St. Cloud Hospital is new, planning in itself is not new. In fact, it is because of the planning and foresight of the Sisters and their co-workers since 1886 that St. Cloud Hospital is today designated as a regional medical center.

But with the changing climate in which health care services are provided, it became apparent to the Board and Administration of St. Cloud Hospital that a change was needed. In order to respond to the increasing complexity of the health delivery system, the planning function needed to be assigned to one person who could coordinate that activity. In July, 1975, the Division of Planning and Development was born.

We have chosen to use a two-track approach to planning. On the one hand, we are implementing the Planning Dynamics Program. This system builds planning into the entire management process and department heads are beginning to use the format for the development of varying levels of plans within their own areas.

The second track is the use of the Services and Facilities Planning Advisory Committee, composed of six members of administration and six members of the medical staff. Since 1972 substantial data have been compiled by various means (consultants, health planning agency, internal) documenting the health care needs of the people of the area we serve, the needs of people seeking hospital care, and the needs of various professional components to render high quality care. From all of these data the Director of Planning extracted a list of issues and proposals that require investigation, study and discussion. The Services and Facilities Planning Advisory Committee reviewed the issues and set priorities as follows:

- | | <u>Issue</u> | <u>Priority</u> |
|----|---|-----------------|
| 1. | <u>St. Cloud Hospital bed usage</u>
This issue deals with the whole area of bed needs in the future. Special emphasis is directed to A&C, Mental Health, ICU-CCU and critical care units as well as the total bed needs. | 1 |
| 2. | <u>Outpatient and Rehabilitation Programs</u>
This issue speaks to the development of more outpatient rehab. services or extension of the present ones, expansion of outpatient programs for A&C and Mental Health patients; development of ambulatory and outpatient facilities, looking at growth potential for emergency room, etc. | 2 |
| 3. | <u>Home Health (Outreach)</u>
This issue addresses use of home care programs, need for health care for the poor in rural areas, greater accessibility to health care, various programs for the elderly, etc. | 3 |



4. Health Education and Coordinating Services 3
This issue suggests looking at the various kinds of patient/public health education programs that can be developed, the possibility of detection and screening programs, as well as cooperative and coordinating agreements with other facilities, shared services, etc.
5. Regionalization 4
This issue relates specifically to the role of the hospital as a regional medical center and its implications.
6. Physician Recruitment 5
This issue addresses the need for various specialists as well as the possible development of a program to offset the shift of physicians from rural to urban areas.
7. Facilities 6
This issue identifies the need to update the master plan, look at property acquisition, etc.
8. HMO 7
This issue relates specifically to the HMO study.

Currently the appropriate Division/Department is researching each of these issues, using the Dynamic Planning process as a basis. Alternatives will be developed and as the pieces of the long range plan fall together, the recommendations will go through the normal channels to the Board.

It should be pointed out that the purpose of planning is not just to develop a "plan." Rather, the purpose of planning is to get the best possible results regardless of what happens. With this objective in mind, we plan for the future, knowing that we can better meet the challenges that will be ours.

Sister Luke Hoschette, O.S.B.
Sister Luke Hoschette, O.S.B., M.H.A.
Division of Planning and Development



PHARMACY

1975 - 1976



The fiscal year that ended June 30, 1976, was a typical year for the Pharmacy Department with the number of activities recorded at a 10% increase over the previous fiscal year (1974-1975) and 6% over the budgeted figure. The productivity of the Pharmacy Department during the fiscal year was 113%, indicating that the personnel added prior to the start of the fiscal year were well utilized. In order to improve our work flow, new shelving was installed. Storage and accessibility of stock to the people in the Pharmacy also were improved.

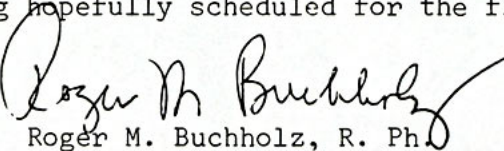
Personnel-wise the year proved to be interesting and unusual with three people needing LOA's for medical reasons and one finally having to retire due to ill health. Finding replacements for these people became an important project during the year and the department was ably assisted by the Employment Office. The year also brought a turn-over in one Pharmacist position, bringing a new Pharmacist and new ideas to our staff. The above information partially explains our high productivity during the year, along with the increase in activities, particularly in the IV additive category. IV additives prepared in the Pharmacy increased from an average of 115 per day for the fiscal year of 1974-75 to an average of 151 a day during 1975-76. From the IV additive figures, one can surmise that not only the number of patient days is increasing, but that the intensity of patient care continues to rise. The Pharmacy Technicians agreed to try the 10-hour, 4-day work week beginning in January and the change proved beneficial to both the employees and to the hospital.

In September of 1975, Phase I of the "Computer Information System" was implemented. After the usual training period, all personnel agree that our system is one of which we should be proud. In addition to making the patient charge and typing a label for the Pharmacy, a medication profile is created. Presently the medication profile is printed daily and sent to the Nursing Units for their use in reordering medications. Of value to the Nursing Unit, also, is the notification to reorder a drug which has an "automatic stop." Presently the use of the IV Additive Profile is being tried on one Nursing unit and its success there will mean further implementation during fiscal 1976. In addition to easing the job for the person ordering the refills and IV additives and giving a consistent record to work with, the use of the profiles saves valuable time on the units and in the pharmacy.

A completely new Policy and Procedure Manual for Pharmacy Services was published.

In June, 1976, we welcomed our first Pharmacy Extern (undergraduate student) for a quarter of practical experience during the Senior year in college. The plans call for a Pharmacy Extern to be with us for all four quarters during the coming fiscal year.

In addition to working with the extern the staff of the Pharmacy Department looks forward to the challenge of improving drug delivery systems, with a trial of "unit dose" dispensing hopefully scheduled for the final quarter.


Roger M. Buchholz, R. Ph.D.
Chief Pharmacist



PSYCHOLOGY DEPARTMENT

1975 - 1976

The role and mission of the Psychology Department has remained basically the same during the year 1975-76. We are responsible for psychological services throughout the hospital with the exception of the Mental Health Unit.

Psychological services are provided upon direct referral from physicians with most of our activity being assessment and evaluation. During the past year 65% of our patient contacts came from medical floors, 28% from the Alcohol and Chemical Addiction Unit, and 6% from the Mental Health Unit.

Psychological services are reviewed on a quarterly basis by an advisory and credentials committee. The committee serves on a voluntary basis and consists of psychologists from other agencies in the community. The committee has been quite helpful in establishing direction, providing support and reviewing clinical functions.

We have continued to enjoy your cooperation in our work. We remain open to suggestion about the kind of services we provide and the manner in which they are delivered.

Richard Enter, Ph.D.
Director of Psychology

PUBLIC RELATIONS DEPARTMENT

1975 - 1976



Efforts to provide pertinent information regarding the hospital's services and facilities, coordination of community education programs, and internal communications were the major areas of attention of the Public Relations and Communications Department during the past fiscal year.

This Department also enjoyed the services of some new staff members this year. Mark Thompson joined the staff as Public Relations Assistant. Pat Honer, Judy Groth, Marian Theimer, and Linda Engstrand joined the Communications Staff as Communications Assistants.

The Department was involved with two major community-wide programs during the year. One included the development of an audiovisual presentation to introduce St. Benedict's Center to members of the hospital family and public. The other was working with the Continuing Education Department in the coordination of presentation of the Heimlich Maneuver, a life-saving procedure designed to save the life of a choking victim. The Heimlich program was presented to over 3,000 area residents as a part of an effort to become more involved with community education programs.

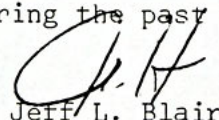
Several informational brochures that explain the services and programs offered by the Continuing Education Department, the Alcohol and Chemical Dependency Unit, and the Employment Department were updated. The brochure explaining the hospital's wage and benefit program for registered nurses and licensed practical nurses, an employee recruitment brochure, and the School of Nursing Student Handbook were also completely revised and updated. Informational material was produced and distributed during National Hospital Week.

Some of the special projects the Department helped coordinate include National Hospital Week, the First Annual Auxiliary Ball, a meeting of area legislators, Business Education Day, numerous photo displays of various hospital activities, a Child Abuse Workshop, the area-wide disaster drill, and hospital tours.

The Department continued to produce three publications designed to provide members of the hospital family with current information on hospital activities. The BEACON LIGHT was published monthly, September - June, covering issues of concern to the hospital. The weekly news bulletin and the TODAY publication also provided staff members with timely information.

The Communications Unit continued to coordinate the flow of vital in-house information. The Switchboard maintained its 24-hour operation, meeting the hospital's telephone communication needs. The Information Desk was attended from 7:00 a.m. to 9:00 p.m. daily to assist patients, visitors, and physicians.

On behalf of the entire staff of the Public Relations/Communications Department, I would like to thank the members of every other department in the hospital for their cooperation during the past fiscal year.



Jeff L. Blair

Public Relations and Communications Department



REHABILITATION CENTER

1975 - 1976

In fiscal 1975-76 we enjoyed an increase in the number of patients needing one or more of the services we offer. This increased number of patients has allowed us to expand our Speech Pathology Unit from 1 to 2 full-time people and in Occupational Therapy we have gone from 4.5 to 5 full-time Registered Occupational Therapists and 1 Certified Occupational Therapy Assistant.

The Occupational Therapy and Recreational Therapy Units have been very busy due in part to the high occupancy of beds on the Mental Health Unit and the Alcohol and Chemical Addiction Unit. Recreation has again succeeded in encouraging the patients from the Mental Health Unit and the Alcohol and Chemical Addiction Unit to become more involved in community and individual activities which can lead to more enjoyment of leisure time.

Our Outreach Program with Physical Therapy, Occupational Therapy, and Speech Pathology continues. It is apparent by the requests we get that there is a need and we will attempt to meet this need as best we can.

We have, as in the past, continued to have students in Occupational Therapy, Physical Therapy and Speech Pathology affiliate here in our Center. This year we welcomed a new school of Physical Therapy, St. Scholastica College, Duluth. We feel that the student affiliation program is a real benefit to our staff, to the student, and to the patient.

The Physical Therapy Unit has enjoyed another successful year. We are pleased to have Mr. Greg Campbell, a staff physical therapist for the past three years as our new Chief of Physical Therapy.

With the advent of Dr. Brix, Neurosurgeon, we are now seeing the neurologic patients earlier in the Rehab process than before. Physical Therapy, Occupational Therapy and Speech Pathology can, if not actively work with, at least observe the recovery process and be there when the services they offer are indicated.

We have enjoyed working with a new Rehab Medical Committee. Dr. Jaeger, Dr. Brix, Dr. Murn, Dr. Wahl and Dr. Windschitl must all be thanked for their cooperation and participation.

Earl E. Pederson
Rehabilitation Center Coordinator

OCCUPATIONAL THERAPY

1975 - 1976

The Occupational Therapy Department recorded 23,345 treatment units in the 1975 - 1976 fiscal year: 12,734 in the Mental Health Clinic and 10,611 in the Rehab Clinic.

Programs offered by Occupational Therapy include testing and training in activities of daily living, which was expanded for 2 NW and 2 West; evaluation and training in sensory integration, expanded on 2 West this year; work evaluations and programs for the visually handicapped; and therapy for the physically and emotionally ill and chemically dependent persons. Splinting, adaptive and assistive devices, and prosthetic checks and training are also provided.

Home visits, consultation to nursing homes and treatment for children in Day Activity Centers were also offered this year. Requests for in-service on therapies available have come from teachers, school psychologists, nursing home administrators, Society for the Blind and others. These have been responded to by the Occupational Therapy Staff. The staff has also attended and participated in many educational programs for their own growth as persons and as employees of the hospital.

Fifteen Occupational Therapy students were trained this year--nine in the Mental Health Clinic and six in the Rehab Occupational Therapy Clinic.

New procedures were established and utilized for chart audits and infection control.

Occupational Therapy service was extended to Saturdays and one half-time Registered Occupational Therapist was added to our staff.



Jean Laudenbach, CTR
Jean Laudenbach, O.T.R.
Chief Occupational Therapist



PHYSICAL THERAPY

1975 - 1976

I assumed the position of Chief Physical Therapist in December of 1975. The former Chief, Dave Munsinger, returned to school and is working part-time for our Department.

This year presents an increase in modality units by 2,431 when compared with last year's statistics.

We have continued with our seven-day-a-week coverage for inpatient care. An audit to measure patient care quality was developed by our Department which will further aid our deliverance of quality. In addition to our audit, we are establishing patient quality guidelines for all treatment procedures to be available to new employees and students.

We are presently supervising physical therapy students from the College of St. Scholastica in Duluth and will be accepting students from the University of Minnesota as of September 1, 1976. We are enjoying the enthusiasm and challenge these students present to our staff.

We are continuing to provide consultation and continuing education services to any facilities interested. Presently we have contracts with St. Joseph's Home, Benton County Public Health and Area D school districts.

Continuing education for the staff is presently scheduled for programs or patient care discussions twice a week and we are working on expanding to more time in this area. Our staff was able to attend various workshops to help all of the therapists share in new and different approaches in Physical Therapy treatment areas.

Our goal for the coming year is to upgrade patient care quality by establishing patient care guidelines, by establishing goal-oriented care plans, and by promoting and developing more physician input and thus more efficient communication.

I have found this job a great challenge and I am very enthusiastic about what has occurred already and what I hope to accomplish in the future.



Greg Campbell R.P.T.
Greg Campbell, R.P.T.
Chief Physical Therapist

RECREATION THERAPY

1975 - 1976

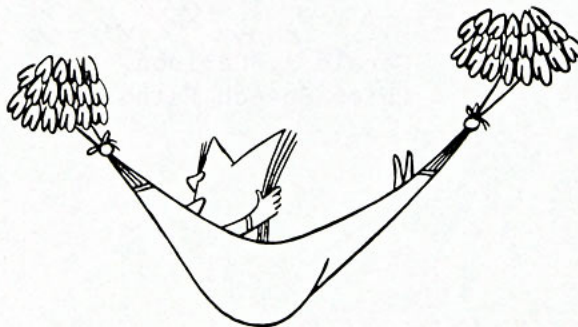
During the past fiscal year Recreational Therapy increased its patient activities from 40,757 to 46,774. Our figures represent the number of patients seen in activities. Each patient is counted for every thirty minutes he attends an activity.

Due to the increase in patient load and requests for Recreational Therapy, our Department of two has been spreading itself too thin--2 West, 2 South, 2 Northwest, 3 Northwest and 4 North, plus referrals. Professional recreation expertise has been strained and therapeutic standards threatened which results in the patient not receiving the maximum benefit therapeutic recreation has to offer. Since our request for additional staff was denied, our concentration for fiscal 1976-77 will be on the Mental Health Unit and the Alcohol and Chemical Addiction Unit with limited individual referral service from other units in the hospital.

Our staff presented lectures on therapeutic recreation at St. Cloud State University.

Mary-ellen West

Mary-Ellen West
Chief Recreational Therapist



SPEECH AND LANGUAGE THERAPY

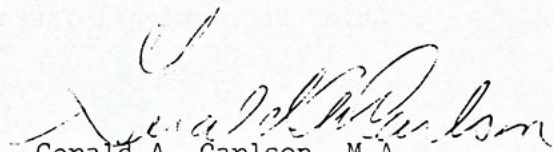
After a dramatic increase in services over the past two years, Speech Pathology Services was able to add a second Speech Pathologist as of January, 1976. This addition to staff has allowed the Department to increase therapy units from an average of 284 per month to 605 units per month. The Speech Pathology Department has previously provided approximately 8 hours of therapy a week to the St. Cloud Veterans Administration Hospital. We are now providing 16 to 20 hours a week to that facility. Additionally, we are serving Melrose and Milaca hospitals, numerous nursing homes, and several Day Activity Centers in the area.

During the past year Department members have served on the St. Cloud Board of Directors of United Cerebral Palsy, various committees for the Minnesota Speech and Hearing Association and as a Congressional Action Contact for the American Speech and Hearing Association.

Speech Pathology Services was fortunate to receive a contribution from the Area Barbershop Quartet Association. Their support is greatly appreciated.

With the new fiscal year this service looks forward to an expansion of shared services with community and area agencies and the continued fine support of the medical staff and administration which is greatly appreciated.




Gerald A. Carlson, M.A.
Chief Speech Pathologist

RESPIRATORY THERAPY DEPARTMENT

The purpose of this report is to show a unified trend in the development and function of the Respiratory Therapy Department.

The Department met the needs and objectives for fiscal 1975-76. The plans indicated the need for a pulmonary function testing system. On June 29, 1976, the Pulmonary Function Laboratory was introduced to the Medical Staff. The intent of the Pulmonary Function Laboratory, which is directed by Dr. J. Belshe, is to qualitatively and quantitatively evaluate pulmonary function in patients with suspected abnormalities of the cardiopulmonary system.

Our plans indicated a need for physician involvement. Three physicians assisted us with continuing education and they have certified six members of the Respiratory Therapy Department to do arterial punctures for blood gas determinations.

We have also added new members to the Respiratory Therapy staff. They come from as far away as Pennsylvania and Oklahoma City and as near as the University of Minnesota. The intent is to mold the expertise and experience of our well qualified staff into a sophisticated link for giving quality patient care.

In accord with our plan of action, we have expanded our outpatient care 100%. Our outpatients come from as far away as Brainerd, Minnesota.

In conclusion, it is my feeling that the Respiratory Therapy Department has made a great contribution to its own development. However, at this time I personally would like to thank the physicians, patients, nurses, administration, the Respiratory Care Committee and all others who have actively participated in the growth and development of the Respiratory Therapy Department during fiscal 1975-76. May the love of God be with us all!

Modality	1975	1976
Intermittent positive pressure breathing, inpatient	16,370	10,372
outpatient	154 16,524	346 10,718
Postural drainage, inpatient	1,618	2,482
outpatient	209 1,827	198 2,680
Croupette with air	1,218	1,092
Croupette with oxygen	454	295
Continuous ventilation	471	424
Postanesthesia recovery IPPB	201	216
Ultrasonic nebulizer Rx	7,001	8,707
Ultrasonic on continuous	1,132	2,571
Oxygen with cannula	3,346	4,130
Oxygen with catheter	148	141
Arterial punctures	98	1,190
Pulmonary function tests	---	---
Miscellaneous services	7,124	46,826
Total	39,544	78,990



Duane Murray
Duane Murray, Chief Respiratory Therapist

SCHOOL OF NURSING

1975 - 1976

AMENDMENTS TO STATE SCHOOL APPROVAL REGULATIONS

Revised Rules and Regulations for the Approval of R.N. Preparing Programs became legally effective under the laws of the State of Minnesota on November 24, 1975. Major changes that affect the approval of our school pertain to

1. Educational Progression Opportunities -- Nsg. RN 81

- a. By July 1, 1977, there shall be written policies regarding opportunities for student placement in, and/or progression thru the curriculum based on satisfactory establishment of knowledge and skills(s), however acquired.
- b. During the 1977-78 academic year there shall be evidence of opportunities for student placement in, and/or progression thru one-third of the nursing courses of the curriculum based on satisfactory establishment of knowledge and skill(s), however acquired.

2. Controlling Institutions -- Nsg. RN 60

- a. Only those general hospitals which have existing programs as of July 1, 1976, shall constitute a controlling institution within these regulations.

The St. Cloud Hospital School of Nursing currently meets the above requirements, as well as all other State Approval Regulations.

NLN ACCREDITATION

At its May, 1976, meeting, the National League for Nursing Board of Review for Diploma Programs evaluated the school's special progress report based on the recommendations following the 1974 school accreditation survey. The Board's action was to continue accreditation of the program and schedule a revisit at any time during 1980.

FACULTY

Faculty Turnover

There were five full time B.S.N. and one part-time R.N. faculty resignations. Reasons for the resignations are maternity (2), marriage (1), sabbatical leave (1), retirement (1); and one contract was not renewed because of lack of minimum required academic credentials.

Three of the six positions vacated were filled with Masters-prepared instructors, and three have a Baccalaureate degree in Nursing with written plans to complete requirements for a Masters degree within five years.

Faculty Educational Upgrading

1. Tuition reimbursement for courses leading to required academic credentials was provided to 13 faculty members in the amount of \$1299.

2. One faculty member was granted a one-year leave of absence without remuneration to earn a Masters degree in Special Studies: Health Care Education.
3. One faculty member was granted a one-quarter sabbatical leave to complete requirements for a Bachelor's degree.
4. Fringe benefit policies for sabbatical leave were specified in the faculty personnel policies on August 28, 1975.
5. Each faculty member who does not have a Masters degree has submitted a plan to complete this requirement by 1980.



STUDENTS

Employment of Graduates

Seventy-one nurses were graduated on May 29, 1976; this number includes 17 men.

Graduates have, to date, done self job-placement and have not encountered difficulty in procuring suitable employment. Many graduates received position offers from several institutions. The School also received numerous recruitment requests for the graduates of our program.

On June 29, one month after graduation, the 1976 graduates were employed in institutions as follows:

- 25 St. Cloud Hospital
- 7 St. Cloud Veterans Administration Hospital
- 29 Rural Minnesota hospitals and nursing homes
- 3 Minneapolis, Minnesota
- 1 Duluth, Minnesota
- 1 Wausau, Wisconsin
- 1 Dallas, Texas
- 4 Uncommitted



Enrollment

In the Fall of 1976 a total of 232 students will be enrolled in the program: 75 seniors, 80 juniors and 77 freshmen. Of these, 22 will be Career Mobility students--licensed practical nurses admitted at the second-year level.

Among the generic students there are 27 men. Six women students are over twenty-five years of age at the time of admission, the oldest being 44. The Career Mobility students range in age between 23 and 51 on admission, with age 34 as the mean.

Recruitment of Ethnic Minority Students

By invitation the school was represented in Brainerd, Bemidji, and Duluth at Career Days sponsored by and for members of the Chippewa Tribe. Applications from this ethnic group have not been received to date although some interest in nursing as a career was demonstrated at the various program sites.


EQUIPMENT AND PHYSICAL IMPROVEMENTS

Equipment is being procured to permit teaching a full-scale college laboratory in Anatomy and Physiology. For this a 4-channel physiograph is the major addition to current laboratory equipment.

FINANCIAL ASSISTANCE TO THE SCHOOL

A Federal capitation grant of \$31,697 was awarded for support of the educational program. Eligibility depended upon maintaining the expanded enrollment of 1972 admissions and reporting on three school projects during the 1975-76 school year.

SUMMARY OF FINANCIAL ASSISTANCE TO STUDENTS IN 1975 - 76



	Number of Students	Total Amount Granted
Nursing Student Loan Program	21	\$24,425
Federal Nursing Scholarships	3	3,704
Basic Educational Opportunity Grant	55	48,083
Minnesota Board of Nursing Grant	27	10,395
Minnesota State Scholarship and Grant-in-Aid Programs	61	56,590
Grace Weiss Halenbeck Scholarships	5	1,000
Alumnae Sister Elizabeth Award	1	100
Veterans Programs	25	
Vocational Rehabilitation	3	1,553

RECOMMENDATIONS AND PLANS FOR THE FUTURE

1. That our statement of philosophy and objectives be re-evaluated for optimum compliance with R.N. 90--PHILOSOPHY AND GOALS.
2. That an agreement with another extended care facility be finalized, where experience in Nursing Leadership can be provided for 8 students simultaneously.
3. That we explore ways in which our students could be awarded college credits for nursing courses in the curriculum.
4. That the educational progression opportunities currently offered in our program be evaluated by comparing the R.N. licensing examination scores and professional performance reports from employers of our recent 12 Career Mobility graduates with State Board scores and performance reports of their peer graduates of the generic program.
5. That adequacy of student involvement in the operation of the school be studied, using primarily student feedback data.
6. That stated competencies expected of all graduates of our program be reviewed and revised as indicated.
7. That content and learning experiences planned for the course NURSING PROCESS be integrated progressively throughout the curriculum.

RECOMMENDATIONS AND PLANS FOR THE FUTURE continued

8. That essential requirements be further delineated for each nursing course.
9. That faculty keep record of their activities engaged in outside their regular teaching responsibilities, in terms of clock hours utilized to improve or update their skills in

Nursing practice
Curriculum development
Teaching methods
Evaluations
Research
Administration/leadership




Sister Mary Jude Meyer, O.S.B.

Sister Mary Jude Meyer, O.S.B., R.N., M.S.
Director, St. Cloud Hospital School of Nursing

SHARED SERVICES DIVISION

1975 - 1976

During fiscal year 1975 - 76 the Division of Shared Services concentrated on three major areas. First, management services to other hospitals; second, planning of the facility for care of the elderly which will replace St. Raphael's Home, St. Joseph's Home and the St. Cloud Hospital C&NC Unit; and thirdly, marketing management of the shared services that the St. Cloud Hospital makes available to other health care providers. Major accomplishments in these three areas are as follows:



I. MANAGEMENT SERVICES TO OTHER HOSPITALS

- A. An overall evaluation of St. Joseph Hospital in Park Rapids, Minnesota, was conducted. Recommendations were made concerning the articles of incorporation, bylaws, medical staff bylaws, rules and regulations and the hospital organization.

Connie Moline, Director of Nursing Service at the St. Cloud Hospital, conducted an overall evaluation of St. Joseph Hospital's Nursing Service Department.

Claude Przybilla, Laboratory Supervisor at St. Cloud Hospital, conducted an overall evaluation of St. Joseph Hospital's Laboratory Department.

The St. Joseph Hospital Board of Directors asked St. Cloud Hospital to assist them in the recruitment of an Administrator. Pauline Page, Employment Manager, and Tom Fillenworth, Wage and Benefits Manager, both St. Cloud Hospital employees, assisted in the process. The top two candidates were referred to the St. Joseph Hospital Board of Directors for interview and final selection.

- B. An overall evaluation of Trinity Hospital in Baudette, Minnesota, was conducted. Recommendations were made concerning articles of incorporation, bylaws, medical staff bylaws, rules and regulations and the hospital organization.

Arvind Salvekar, Director of Systems Design Department of the St. Cloud Hospital, evaluated Trinity Hospital's system of gathering statistics. Arvind combined a vacation in conjunction with his trip to Baudette and reported that fishing was excellent.

A limited evaluation of St. Mary's Hospital and Home in Winsted, Minnesota, was conducted.



II. FACILITY FOR CARE OF THE ELDERLY

With the aid of a planning advisory committee made up of religious, clergy and civic representatives, all knowledgeable in the

care of the elderly, the St. Cloud Hospital identified four needs of the elderly in the St. Cloud area. They are:

- A. Nursing home beds
- B. Outreach services
- C. Congregate living units
- D. Apartment units

The Hospital Board of Trustees will meet the above four needs in three phases. Phase 1 is the construction of a 220 bed nursing facility which is called St. Benedict's Center. Outreach services are included in Phase 1. This phase is scheduled to be completed in April of 1978. Phase 2 and 3 (C and D above) are planned for some time during the 1980's.



III. SHARED SERVICES TO OTHER HEALTH CARE PROVIDERS

The St. Cloud Hospital has had a shared service program for the past several years. It had grown to the point where it became evident that it should be formalized and centralized and that the long run success of the program is dependent on sound principles of marketing management.

On February 26, 1976, the Board of Trustees adopted a Shared Services Policy. This policy forms the basis to what is allowable and permissible and under what circumstances.

Electronic Data Processing, Laboratory, Social Services and Therapies such as physical, occupational, etc., have been providing shared services for a number of years. ECG-EEG, Respiratory Therapy and the Laundry Department began to market shared service programs during the present year. With appropriate marketing management, we expect the Hospital Shared Service Program to expand in the foreseeable future.

Dale J. Stein, Assistant Administrator
Division of Shared Services





SOCIAL SERVICE DEPARTMENT

1975 - 1976

In March, 1976, Karen Wantulok resigned her position to transfer to Denver, Colorado. We later hired Bob Calmenson. Mr. Calmenson is from the Twin City area and graduated with his Master's degree in social work from the University of Minnesota.

There has been a stabilization of social service referrals averaging 279 patients a month.

Social Services guided and counselled 195 patients and their families for nursing home placement and met with many others to arrange other services following discharge.

Social Services has continued to provide consultation to four nursing homes in the area: Assumption Nursing Home, Mother of Mercy, St. Cloud Manor and St. Joseph's Home. This has been a rewarding and educational experience for our social services program.

Social Services had one student from St. Benedict's College during April and May. This was a positive experience for our department. The student has now graduated and is looking for employment.

Social Services continued to provide hospital inservices as well as guest presentations for a variety of community organizations and classes.

Effective January 1, 1976, Social Services implemented its quality control questionnaire and this is now being completed every two weeks.

Social Services has set as its goal for the coming year a greater involvement within Pediatrics and the ER, ICU, and CCU areas. We see a great need for social services in these areas and hope to become more involved with patients and families in these areas.

We have been extremely gratified by the superb cooperation we have received during the past year from nursing service personnel and other allied health staff. We are extremely pleased to see the increasing number of physicians utilizing our services. This has definitely resulted in the enhancement of the quality of care offered patients and their families at St. Cloud Hospital. We are proud of our contributions and will strive for even greater involvement during the next year.

Clayton L. Skretvedt

Clayton L. Skretvedt, ACSW
Director of Social Services

SPIRITUAL CARE DEPARTMENT

1975 - 1976

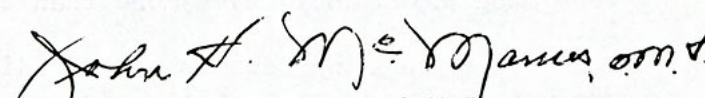
The Department of Spiritual Care endeavors to accomplish its goals and objectives through the use of the following human resources: One full-time Catholic Chaplain who also functions as Department Head; one full-time Protestant Chaplain; one part-time Catholic Chaplain; one Sister who is full-time Associate Chaplain; a full-time sacristan; a full-time housekeeper; a part-time organist who provides music for worship services; eleven volunteer Sister Visitors and four volunteer Chapel Aides from the Protestant community, all of whom render valuable assistance in the performance of our ministry.

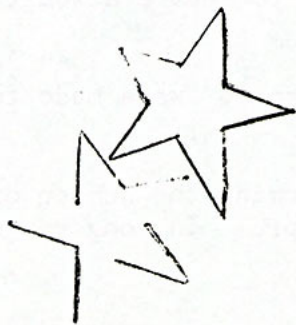
This Department views itself as having partial responsibility for focusing attention on the Catholic identity and Christian values of the Saint Cloud Hospital. In accomplishing this objective the resources of this department as well as those of other departments and other hospital personnel are used.

Some of the activities directed toward this end were weekly programs during Respect Life Month focusing on life, the value and dignity of every human being in sickness or in health; an annual memorial service for deceased employees; a special program centered around the Ethical and Religious Directives for Catholic Health Facilities; and a seminar on death and grief.

Opportunities for affirmation of our Christian values were provided through the following services: The hospital community participated in a prayer service which gave witness to the individual Christian values and the ministry we share in providing health care in a Catholic institution; recognition through prayer and tangible symbols was given to the volunteers who bring the Gospel message to the sick; and frequent opportunity was given to patients, relatives and staff for worship and prayer.

In general our activities are ongoing and we seek ways to perfect and enrich our ministry.


Father John H. McManus, O.M.I.
Director, Department of Spiritual Care



SYSTEMS DESIGN DEPARTMENT

1975 - 1976

A great number of things were accomplished this year. A partial list of accomplishments is given below.



1. Quality Control reports were analyzed every pay period. A procedure was also developed to prepare a quarterly summary of discrepancies and corrective actions. Dietary, Social Service, Speech Therapy and Recreational Therapy developed quality control questionnaires.
2. Incident reports were analyzed each month. A change in procedure enabled us to prepare a summary of even the latest incidents for clinical departments.
3. The communication system in the Admissions Department was analyzed and it is functioning satisfactorily now.
4. 5 North Nursing Station was studied in depth and recommendations made for manpower need.
5. The manpower need for an IV team was studied and the potential cost of that concept was presented.
6. Analysis of bed need for various specialties was made based on final diagnosis.
7. We provided help in completing the application for St. Benedict's Center.
8. Long distance telephone costs were analyzed and recommendation was made to add a foreign exchange line to Twin Cities Metro area. This would potentially save more than \$3,000 per year.
9. Administrative Office Services department was studied in depth and recommendations were made about manpower need.
10. Need for duplicating and printing was studied and recommendations were made which would save more than \$18,000 a year.
11. Monthly engineering reports were studied. A computerized procedure was designed to simplify the process and to create a wealth of additional information.
12. Surgery block scheduling was analyzed and changes were made to reflect the new pattern of surgery.
13. Simulation of surgical suite was done to determine the number of rooms necessary. This procedure will be helpful in long range planning.

14. We improved the statistical forecasting for the budget. We also developed a preliminary procedure to prepare long range forecasts.
15. Analysis of meeting room utilization was done and some recommendations were made to improve the meeting scheduling process.
16. Secretarial study for Rehab Center was finished and recommendations were made.
17. Analysis of P.A.R. patients was made to help schedule P.A.R. personnel.
18. Analysis was done of Anesthesia Department to help schedule nurse anesthetists.
19. Respiratory Therapy study was finished and its productivity sheet was revised.
20. Study of elevators in the south bank is underway.
21. 6 South Nursing Station staffing study is underway.
23. Business Office paper flow study is underway.



I am thankful to all of the line managers and to members of my staff who helped me accomplish this.

A handwritten signature in dark ink, appearing to read 'Arvind Salvekar'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Arvind Salvekar
Director, Systems Design Department



VOLUNTEERS

1975 - 1976

The past fiscal year 1975-76 was a very eventful and interesting year for the Volunteer Department.

A dream became reality when the St. Cloud Hospital Auxiliary, Medical Auxiliary, and Dental Auxiliary held the first Winter Wonderland Ball on November 15, 1975, at the Germain Hotel. Our Auxiliary Ways and Means Chairman, Mrs. Bernice Landy, assisted by Mrs. Patricia Cumming, Medical Auxiliary Chairman, and Mrs. Helen Cattan, Dental Auxiliary Chairman, presented the hospital with a check for \$6,000, proceeds from the Ball, to be used to purchase equipment for the Post Cardiac Care Unit.

A membership tea was held at the home of Mrs. Miriam Bohmer on August 26 which was well attended. 48 guests and members signed in and enjoyed the tea and home-made bars and cookies. Hours donated by the Auxiliary with membership averaging about 165, totaled 21,100 3/4. Departments serviced number 23.

Mrs. Jackie Janski, Chairman of the Annual Fruit Cake sales, reported in February that 2,000 lbs. were sold for a profit of \$1,017.16.

On February 2 Mrs. Mary Ives was named Volunteer Services Director and Mrs. Marie Hoppert, who held that position for the past nine years, stepped into a new role as assistant on a part-time basis. On April 1 Mrs. Marlys Thorson was named receptionist-secretary for the Volunteer Department.

Following tradition, Auxiliary members hosted employees during coffee breaks on all three shifts on May 12, 1976; and on May 14 and 15 many of our "Pink Ladies" were willingly assisting at the Blood Pressure Screening Clinic at Crossroads sponsored by St. Cloud Hospital, all as part of the National Hospital Week Program.

During National Volunteer Week, May 18 to 24, the Administration offered warm thanks and a daisy corsage to all of our wonderful volunteers. We also set up a booth at Crossroads, staffed by Volunteers, to display the favors for patient trays being made by the Sister Volunteers at St. Raphael's Home.

The Annual Auxiliary's Awards Luncheon was held at the Germain Hotel on June 3, 1976. Mr. Bakke presented 110 awards to Auxilians and other adult volunteers and gave the appreciation address. At this time the St. Cloud Hospital was given \$10,000 to be used toward the purchase of telemetry equipment. This money was raised through operation of the Auxiliary Gift Shop and other special projects sponsored by the Auxiliary.

A special thanks to our very competent Gift Shop Manager, Marilyn Odenbreit, for making our shop a delightful place to visit, browse and "buy." Congratulations and thanks also to Mrs. Betty Malecha, an employee in the Coffee Shop from the time it was opened, who was named the new manager. Our volunteers enjoy working with and for her.

Officers for the past year were Mary Weyrens, President; Carol Pool, President-Elect; Elsie Stotko, Recording Secretary; Mathilda Blattner, Treasurer; and Jackie Janski, Corresponding Secretary.

JUNIOR VOLUNTEERS



The Candy Striper Program has been renamed the Junior Volunteers. The change came about because we now have young men in our program.

Officers for the past year were Mary Bray, President; Mona Lansing, Vice President; Cheryl Kieke, Secretary; Debbie Theisen, Treasurer. Orientation and training classes were held for the new members in August, March and June.

Twenty-six Junior Volunteers received their caps and seven young men received recognition for their service at a ceremony held in the Personnel Dining Room on February 2, 1976. A Capping and Awards program was held again on June 23, 1976, in Hoppe Auditorium. Twenty-six Junior Volunteers received their caps for 50 hours of service and 29 received 100-hour pins. 21 Junior Volunteers received bracelets for 250 hours. 16 received a ruby charm for 500 hours. 2 sapphire charms were given for a total of 750 hours and one Junior Volunteer received a diamond charm for 1,000 hours of service. A reception for family and friends followed in the Recreation Room.

The Junior Volunteers were involved in fund-raising projects starting with a car wash in the hospital parking lot in July, 1975. Items were collected for a garage sale held at St. Peter's Parish on July 16 and 17. On July 30 Junior Volunteers participated in a trash-a-thon along Highway 152, which not only earned money but also praise from the State Highway Department. Proceeds from these events financed a trip to Faribault for an educational tour of the State Hospital.

During fiscal 1975-76, 20 volunteer students from our various colleges and 22 retired persons together donated 4,064 1/2 hours of service in various departments of the hospital. Our programs are adapted to their interests and talents.

(Mrs.) Mary Ives
Director of Volunteers

WAGE AND BENEFITS DEPARTMENT

1975 - 1976

We welcomed a fourth member to our staff in February in the person of Sue Nystrom. Also, we continued our affiliation with St. Cloud State University School of Business by providing three internships in personnel. Our management students gain practical experience while receiving 16 upper division undergraduate credits toward graduation. Many of our former interns are already working in responsible management positions in and outside of the health care industry. One former student of ours in whom we have a special interest is Robert Hoffman, who changed his career goals completely as a result of his experience here. He recently successfully completed his first year of respiratory therapy training at the Mayo School of Respiratory Therapy. This special interest was stimulated while working on an assignment for Wage and Benefits Department in our own Respiratory Therapy Department.

A subtle improvement in our benefit program occurred with the establishment of a \$50 minimum payment from our long term disability insurance. The full impact of the Employee's Retirement Income Security Act is beginning to dawn. We were required to send letters on each individual benefit to each employee participant regarding the Act. Also, a great many preparations were started to make the present pension plan comply with the law.

Technical advances occurred with the advent of microfiche to replace the computer printouts. Although we are in the very early stages of this conversion, we can already notice the vast reduction in storage space needed. We are now planning to replace our entire Kardex with a microfiche report. This will result in a tremendous savings in time and eliminate the potential for error since all data that were recorded manually will come from the computer. Also, we have implemented numerous additions to our master file. We have been severely handicapped for space until now. With microfiche we no longer have to be as concerned about space limitations and therefore can gather an increased amount of data. This in turn will provide a much more complete personnel record, thus increasing our ability to centralize data and giving us a much more complete picture of each employee's background. An illustrative comparison might be that the Wage and Benefits Department is at the stage when tubes were replaced by transistors. Consequently we should be able to do more, quicker, with less energy.

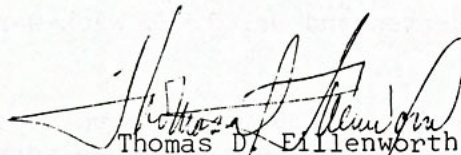
We met our objective of completing approximately 100 job descriptions. This total includes new positions and positions that were merely updated.

The Employee Suggestion System capped another successful year. Twenty-eight suggestions were adopted between January, 1975, and January, 1976. The employees who had suggestions adopted were again treated to a lovely recognition banquet.

All eligible personnel enjoyed step increases and an across-the-board raise of 5%. The total number of employees increased by 11, from 1,384 to 1,395. Hours paid increased by 4,694. The increase in total wages paid was \$1,420,663 or 16.9%.

I often have questions asked of me regarding what exactly do we do in the Wage and Benefits Department. Well -- this year we processed an average of 7.2 new employees a week--that is, we provided input to insure that they would be paid, benefited, appraised, have a name pin, be assigned a locker, etc. An average number of seven employees left the hospital each week. Therefore we had to reverse the order of things plus notify them and the State regarding their rights to unemployment compensation and Blue Cross/Blue Shield insurance. At the same time we processed a weekly average of 15.6 changes of status--promotions, transfers, LOA's, part-time to full-time, etc. All input and output must be documented, verified and audited.

Someone must provide these yeoman services for our 1,395 employees and we're the ones!



Thomas D. Eilenworth

Manager, Wage and Benefits Department



HOSPITAL HAPPENINGS

1975 - 1976

JULY

Dr. William H. Rice, an anesthesiologist, was elected to succeed Dr. Stephen Sommers as Chief of the St. Cloud Hospital Medical Staff for 1975-76. Other officers of the Medical Staff elected are Dr. S. H. Koop, Chief-elect; Dr. H. E. Windschitl, Secretary; and Dr. J. F. DeVinck, Member-at-Large of the Executive Committee.

Father R. C. Harren and Dr. R. H. Wick were elected new members of the Board of Trustees.

Sister Paul Revier, O.S.B., was appointed Associate Administrator for Patient Care Services. She continues to serve as Director of the Division of Medical Support Services.

Sister Luke Hoschette, O.S.B., was appointed Director of the new Planning and Development Division.

Mrs. Martha Smith, R.N., Head Nurse on 4 North, was appointed Assistant Director of Nursing Service.

Dr. James Heeter, Dr. Mary Stiles and Dr. Thomas Wyne were appointed to the Associate Medical Staff.

AUGUST

The St. Cloud Hospital was surveyed by the Joint Commission on Accreditation of Hospitals on Friday, Monday and Tuesday, August 1, 4 and 5.

Three students graduated from the School of Anesthesia on August 1: Larry Gronland, Vincent Osrud, and Louis Truhlicka.

The Volunteer Candy Striper Program was expanded to include Junior Male Volunteers. The first two volunteers were Steve Mahon and Rob Mackert.

The School of Medical Technology had seven graduates on August 7: Nancy Birkholz, Cathy Bengtson, Carol Fritz, Dianne Peterson, Alan Wells, Mary Jo Wortz, and Judy Zwack.

A 15 member Planning Advisory Committee was appointed by the Board of Trustees to develop a facility for care of the elderly.

Dr. Patrick B. Kavaney was appointed to the Associate Medical Staff.

Mrs. Norma Dalton, R.N., was appointed Head Nurse on 2 Northwest and Mrs. Diane Dunn, R.N., was named Head Nurse for the Pediatrics floor.

The hospital received a Half-Century Award for being a member of the American Hospital Association (AHA) for 50 years.

AUGUST, continued

Seven students graduated from the School of Radiologic Technology on August 28: Bonita Brand, Cynthia Byer, Kathryn Dahl, John Flolid, Melissa McKown, Deborah Nichols and Shirley Westberg.

SEPTEMBER

Dr. Michael Flanagan was appointed to the Associate Medical Staff.

Rita Eich, Dietary Department, was honored for 29 years of service.

Fire Prevention Week was observed with a number of programs.

OCTOBER

The Spiritual Care Department sponsored four programs in October commemorating Respect Life Month. These programs were "Life is Precious," "Children Live With Feelings, Too," "Respect Life Through Self Respect," and "Living With Grief."

The Advisory Committee chose "St. Benedict's Center" to be the name of the new facility for care of the elderly in the St. Cloud area.

On October 24 the Hospital United Way Campaign reached 100 per cent of its 1975 Campaign Goal.

The hospital employed three Vietnamese refugees as part of its involvement in the Vietnamese Relocation Program in the Diocese of St. Cloud.

The St. Cloud Hospital again received full accreditation from the Joint Commission on Accreditation of Hospitals.

NOVEMBER

The St. Cloud Hospital Auxiliary held its first annual Winter Wonderland Ball on November 15 at the Germain Hotel, which netted \$6,000 and was proclaimed a great success.

DECEMBER

The Central Minnesota Homebuilders Auxiliary Association donated \$105 toward the purchase of additional telemetry equipment.

JANUARY, 1976

Mrs. Mary Ives was appointed Director of the Volunteer Department.

FEBRUARY

Gene Bakke, Executive Vice President, was elected to a second three year term on the Board of Directors of the Pope John XXIII Medical-Moral Research Education Center, St. Louis, Missouri.

New officers were elected for the Personnel Advisory Committee (PAC). They were: Al Blommer, Lab, President; Henry Chavez, Dietary, Vice President; and Jan Fritz, Accounts Payable, Secretary.

FEBRUARY, continued

The hospital's annual house-wide review of cardiopulmonary resuscitation was held the week of February 16 to 20.

On February 25, 1976, the Sisters of the Order of St. Benedict began their 90th year of providing health care services to residents of the St. Cloud area.



MARCH

St. Cloud Hospital received a citation from the United States Department of Commerce Office of Energy Programs for its efforts in energy management.

The Home Delivered Meals Program was transferred to St. Cloud Hospital.

APRIL

The hospital sponsored a survey which was conducted by the Alcohol and Chemical Addiction Unit to determine the quality of patient care on that unit.

Rebecca Hage, a Candy Striper, was awarded first prize in a national writing contest sponsored by the President's Committee on the Employment of the Handicapped.

MAY

Emergency Medical Services (EMS) Teams had a simulated accident on May 7 during Emergency Medical Services Week, May 3 to 9. EMS teams operating in the St. Cloud area included Police and Fire Department personnel, ambulance attendants and St. Cloud Hospital Emergency-Outpatient Department personnel.

National Hospital Week was celebrated with many special events that called attention to services rendered to patients and the public by the hospital.

National Healthy Baby Week was observed May 9 to 15.



JUNE

71 seniors graduated from the School of Nursing.

An adjustment in the wage/salary program resulted in an over-all increase of 8% beginning with the pay period of June 27.

The Auxiliary donated \$10,000 toward the purchase of telemetry equipment.

The Minnesota Hospital Association's Rate Review Committee approved the hospital's new patient services rate schedule for fiscal 1977.

Four physicians were appointed to the Associate Medical Staff: Dr. R. E. Fedor, Dr. B. R. Rogers, Dr. P. VanderStoep, and Dr. James A. Willie.

140 persons attended the Junior Volunteers Capping and Awards Ceremony in Hoppe Auditorium on Wednesday evening, June 23.

MANAGEMENT STAFF

1975 - 1976



Gene Bakke Executive Vice President

Sister Paul Revier
Associate Administrator, Patient Care
Services and Division of Medical
Support Services

Michael Becker, Assistant Adm.
Division of Rehabilitation and Coun-
seling Services

Sister Luke Hoschette, Assistant Adm.
Division of Planning and Development
Services

Harry J. Knevel, Assistant Adm.
Division of Nursing Services

John Seckinger, Assistant Adm.
Division of Fiscal and General
Services

Dale J. Stein, Assistant Adm.
Division of Shared Services

Sam Wenstrom, Assistant Adm.
Division of Personnel and Public
Relations Services

Dr. Robert J. Cumming, Director
Continuing Medical Education

Robert G. Engelhart & Co. Auditors

Kevin Hughes Legal Counsel

DEPARTMENT HEADS

Ronald Spanier Accounting

Paul S. Kurtz Addiction Center

Mrs. Agnes Moeglein
Administrative Office Services

Sister Marion Sauer, R.N. Admissions

Eileen Stafford, CNA Anesthesia

Wayne Lauermann Business Office

Maynard D. Lommel Central Purchasing
and Materials Management

Mrs. Sally Grabuski, R.N.
Continuing Education

Terence Heinen Data Processing

Mrs. Mary Schoffman, R.D. Dietary

Mike Patton ECG and EEG

Mrs. Betty Turck, R.N.
Emergency-Outpatient

Mrs. Pauline Page Employment

John Seelhammer Engineering Services

Ralph Vasek Housekeeping

Claude Przybilla, M.T. (ASCP)
Laboratory

Sister Mary Schneider, R.R.A.
Medical Records

Sister Madonna Kuebelbeck, R.N.
Mental Health

Mrs. Constance Moline, R.N.
Nursing Service

Sister Mary Ellen Machtemes, R.N.
Operating Room

Roger Buchholz Pharmacy

Dr. Richard Enter Psychology

Jeff Blair Public Relations

Harold Affeldt, R.T. Radiology

Earl E. Pederson Rehabilitation

Duane Murray Respiratory Therapy

Sister Mary Jude Meyer, R.N.
School of Nursing

Clayton Skretvedt Social Service

Father John McManus, O.M.I.
Spiritual Care

Arvind Salvekar Systems Design

Mrs. Mary Ives Volunteers

Tom Fillenworth
Wage and Benefits



